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PSYCHOLOGY AND PSYCHIATRY *

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IT would seem to be a self-evident proposition that psychology and psychiatry should be intimately associated and indeed mutually dependent upon one another. Psychiatry is the study of mental disorder, its aim the elucidation and control of morbid mental processes, and surely no progress can be made along this road without the help of psychology, whose kingdom any investigation of mental process must inevitably traverse. Yet when we examine the history and achievements of psychiatry, our faith in this self-evident proposition cannot but be shaken. It is true that in every textbook we find a description of the phenomena of mental disorder couched in psychological terms, and often a preliminary chapter in which the phenomena are classified into psychological categories. But when an attempt is made to pass beyond this purely descriptive level and to seek the causal processes responsible for the phenomena, psychology is often abandoned altogether, and those causal processes are sought in the fields of physiology and chemistry. There is clearly an underlying implication that psychology cannot offer causal conceptions of any value, and that the psychological series constitutes merely a surface froth, beneath which lie solid realities of an altogether different character, realities that can be appraised and investigated only by the weapons of other sciences. Sometimes this view is explicitly and uncompromisingly stated, without even that superficial courtesy to psychology which is to be

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found in the majority of textbooks. Lewis Bruce, for example, in the preface to his *Studies in Clinical Psychiatry,* says: "When psychology is divorced from psychiatry, and the study of psychiatry is prosecuted along the lines of advance in general medicine, our knowledge of mental diseases cannot fail to be added to. The matter contained in the following pages is based on work so conducted; psychology is omitted. . . ."[1]

Here is a statement coming from an authoritative source, and yet appearing to traverse completely the self-evident proposition with which we started. There is ground, therefore, for examining this proposition, for investigating the part that psychology has so far played in the development of psychiatry, and for estimating the place that it may legitimately hope to occupy in the future. The aim of the present address is to move some way along this road, and we shall find that our course will follow mainly the lines of a critical review, but with occasional digressions into philosophy and even into the regions of frank speculation.

As a preliminary measure, it will be necessary to be clear in our minds as to the precise meaning to be attached to this word "psychology," because we may already suspect that some ambiguity must underlie the flagrant contradiction between our self-evident proposition and such a statement as that put forward by Lewis Bruce. "Psychology" is indeed used in two senses which, though of course related, are essentially distinct in their significance. On the one hand, it denotes concern with a particular group of phenomena, the group to which the terms "mental" and "subjective" may also be applied. We use the term in this sense, for example, when we describe the delusions of a patient and call it a psychological description. On the other hand, psychology means an attempt to explain the behavior and mental processes of a patient by conceptions built out of the stuff of subjective experience. In this sense, for example, we speak of a psychological interpretation when we regard an hysterical hemiplegia as the end result of a chain of mental processes conceived to interact according to precise psychological laws. In the first or descriptive sense, psychology is of course employed by every psychiatrist, and it is possible that this is the only

[1] *Studies in Clinical Psychiatry,* by Lewis Bruce. 1906.

meaning for which our self-evident proposition may have validity. It is in the second or causal sense that Lewis Bruce denies to psychology any useful place in the sphere of psychiatry. For those who think with him, causal processes can exist only in the physiological chain that underlies the superficial mental phenomenon, and only this can yield results to scientific research.

The meaning and relationship of the two senses in which the term psychology is used can best be appreciated by considering the place that they occupy in the method of science. Every science advances through three stages. Firstly, there is the enumeration and collection of observed phenomena. Secondly, there is the classification into groups of the phenomena that have been observed. Thirdly, there is the endeavor to discover causal processes acting according to definite laws, which will explain the incidence of future phenomena. A science that has not passed beyond the first two stages is said to be at a merely descriptive level. This level is of immense importance, because it forms the solid platform upon which the third stage has to be built, but it is the third stage that constitutes the great edifice of modern science, and we should now hardly dignify with the name of science any body of knowledge that had not succeeded in building at least some stories of this edifice.

All psychiatrists are prepared to take cognizance of psychology so far as the first stage is concerned, and almost all move on to the second stage of classification. The strict behaviorist will be an exception here, because he declines to regard conscious phenomena at all, and certainly does not consider them as worth classifying. Many psychiatrists who are not behaviorists, however, refuse absolutely to follow a psychological path beyond the second stage, and hold that anatomical, physiological, and chemical investigations alone offer any hope of progress. It is clearly of fundamental importance that this claim should be examined, and a decision reached as to whether psychology is for the psychiatrist merely an *ignis fatuus,* or a scientifically valid approach to the problems with which he is concerned.

As a first step it will be helpful to consider the history of the psychological approach in psychiatry, and the contribu-

tions that psychology has hitherto been able to offer. We need not concern ourselves with those remote conceptions of mental disorder in which the phenomena were explained as due to possession by malignant or benevolent spirits, because, although it is true that the explanation is couched in terms of conscious processes, it has not been reached by the method of science, and, therefore, has played no part in the development of scientific psychiatry. In the earliest writings that strove to follow the road of science, we find that enumeration of observed phenomena which we have recognized as the first stage of science, accompanied by such classification as the psychology of the day was able to offer. The symptoms were divided into groups according as they affected the three great faculties of cognition, emotion, and volition, and with the development of academic psychology, further subdivisions were made into groups affecting sensation, perception, judgment, and so on. In this way hallucinations, delusions, obsessions, and other morbid processes were marked out, and finally a mass of symptoms were recorded and classified which seemed to cover all the observable phenomena of mental disorder.

This level of development was that characterizing every science which has not passed beyond a purely descriptive stage, and in psychiatry any attempt to proceed further was beset with extraordinary difficulties. These difficulties are still with us, and though many valiant efforts have been made, they have certainly not yet been overcome in any entirely satisfactory manner. To the earlier psychiatrists, it seemed reasonable to suppose that the line of advance must lie along the road that had proved successful in general medicine. There, the recording of phenomena had been followed by the observation that phenomena tended to occur in a certain association or setting, and thereby to belong to an entity to which the term "disease" was applied. Observations of this kind had proved to have great value, because they enabled the physician to predict, and perhaps even to control, the course and consequences likely to follow a given clinical picture. The psychiatrist, therefore, naturally strove to follow the same model, and to fashion disease entities out of the mass of phenomena before him. His material, however, showed itself

remarkably resistant to attack from this angle. The symptoms of mental disorder grouped themselves in all sorts and kinds of ways, now in one setting and now in another, and formed a series of kaleidoscopic pictures rather than the comparatively coherent and stable groups found in general medicine. In this impasse, and convinced that classification into disease entities was an essential step for progress, the psychiatrist took the desperate step of manufacturing disease entities instead of discovering them. Hence there arose the symptomatological classification which clogged the steps of psychiatry for a long period, and which has many unfortunate repercussions even in our own time.

This system was based upon the manœuvre of selecting the most prominent psychological symptoms that the patient happened to display, hypothesizing a disease characterized by the symptoms in question, and deriving comfort from the statement that the patient was suffering from that disease. For example, if we construct a disease characterized by the symptom of depression and call it melancholia, then we have the advantage of being able to diagnose without difficulty all those cases in which depression is a marked feature. The advantage is of course illusory, because classification is not an end in itself, and diagnosis has value only if it enables us to predicate something about the course and future of the illness, and the means appropriate to combat it. Naturally a diagnosis based on an arbitrary hall mark can do none of these things, and is, therefore, useless. A symptomatological diagnosis of melancholia permits us to infer that the patient is depressed, just this and no more.

The futility of the symptomatological classification was glaringly apparent, but it created a false semblance of knowledge where none existed; because of this very fact it managed to thrive, and even to-day it still lingers in the backwaters of psychiatry. Those investigators who could not comfort themselves with mere words, however, realized that progress here was impossible, and sought for some other road. The psychological approach seemed to have led nowhere, and attention was, therefore, turned to the anatomical, physiological, and chemical processes that were conceived to lie behind the surface phenomena. If we put this into the language of scientific

method, it may be said that the psychologist was permitted to record the phenomena of psychiatry and to attempt a crude grouping of those phenomena, but that beyond the first two stages of the method of science he could not go. Any progress toward the third stage of causal conceptions had to be left to the physiologist and the chemist. This discarding of psychology was conditioned, not only by its conspicuous failure to assist, but by the materialism that dominated the earlier history of science, and that believed science to be concerned solely with the solid realities of the physical universe.

It may be pointed out that the failure of psychology had actually been due, not to its intrinsic defects, but to ignorance of its possibilities as a scientific weapon, and the faulty method of approach in which it had been sought to use it. The conception of disease entities held the field, and the miscarriage of all attempts to fit the psychological phenomena of psychiatry into this conception was attributed to the futility of psychology, rather than to the intrinsic characters of the material with which it had to deal. Mental diseases comparable to the diseases of general medicine had to exist, and if the psychologist could not discover them, the task could only be handed over to more competent hands. The notion that disease entities played only an indirect part in mental disorder did not dawn upon psychiatry until recent years, when the futile search for the nonexistent was replaced by the conception of reaction types, and incidentally a path opened along which psychology could make a real advance.

Before dealing with these later developments, however, it is necessary to consider a landmark of fundamental importance in the progress of psychiatry—the work of Kraepelin. This lay along the line of the psychological approach, but diverged radically from the morass into which the symptomatological classification had plunged. Kraepelin sought to classify mental disorders by their course rather than by the transitory clinical pictures that they happened to present. He studied them, that is to say, longitudinally, instead of in transverse sections. By this method he succeeded in carving out of the mass of psychiatric phenomena the conditions that he termed manic-depressive insanity and dementia præcox, characterized essentially by the course that they tended to follow. Further,

he was able to show that examples of these two disorders presented clinical pictures, varying considerably from one time to another, but always manifesting certain features that enabled the observer to assign the case to the disorder to which it belonged. This correlation of transitory clinical picture with probable course was a notable achievement, because it permitted the physician to forecast the future of the patient and hence to attain one of the great goals of medicine.

Kraepelin's work gave rise to the hope that the method he had initiated would open up a great field of profitable research, and that ultimately the whole sphere of psychiatry would be mapped out into well-defined disorders. This hope has not been realized, however, and Kraepelin's further investigations led him toward a continuous dividing and subdividing of dementia præcox and manic-depressive insanity into a multitude of varieties, an orgy of pigeonholing hardly more profitable than the fantastic creations of the old symptomatological classification. We have indeed come to attach a far less definite significance to Kraepelin's major groups of dementia præcox and manic-depressive insanity than he himself believed them to possess, though they remain generalizations of great value and importance. This is because the more fertile conception of reaction types has replaced the older notion of disease entities. It is Kraepelin's adherence to that older notion which explains the success that he was able to achieve, but it also explains the fact that he found all further progress blocked.

If we revert now to our main thesis, the relation of psychology to psychiatry, Kraepelin's place in regard thereto is easily defined. He recorded the phenomena he observed in psychological terms, and maintained a psychological point of view in the classification that he devised. His longitudinal approach, moreover, broke down the old symptomatological impasse, and showed that the second stage of scientific method could be achieved without abandoning psychology and employing other weapons of attack. It is beyond question, indeed, that he cleared the ground for psychology, and that he opened a road in psychiatry along which psychology has been able to make a notable progress; but he did not himself move along that road. His psychological work remained altogether at

the level of a descriptive science, and he whole-heartedly adopted the prevailing view that causal conceptions, the conceptions that mark the third stage of scientific method, had to be sought in anatomy, physiology, and chemistry.

The attempt to advance the psychology of psychiatry to the third stage is indeed an affair of very recent years, and the line of development that ultimately led to it arose altogether outside psychiatry as that term is commonly understood. The history of the application of psychological causal conceptions to the problems of medicine takes us back to the observations of the magnetizers and mesmerists, and to the growth of the conception of suggestion whereby those observations were later interpreted. Only gradually did the view emerge that certain disorders could be regarded as due to psychological processes, and their incidence and course explained by psychological laws. Charcot's remark, that the phenomena of hysteria seemed to be the result of "ideas," was a landmark of great importance, although he himself failed to appreciate its significance and made no attempt to explore the avenue he indicated. The exploration was carried out, however, by two of his pupils, Janet and Freud, and yielded a harvest that has completely altered the orientation of psychology and psychiatry.

The work of Janet was almost altogether devoted to those conditions which we now term the psychoneuroses, and had but little direct contact with the psychoses. It is of interest to note, indeed, that psychology as a weapon of explanation was first applied, not to the psychoses, where the mental factor is glaringly apparent, but to phenomena of a seemingly physical order, such as the anæsthesias and paralyses of hysteria. Janet's investigation of these phenomena enabled him to show that they were distinguished not merely by purely negative characters, as had hitherto been described—that is to say, by the absence of signs that would mark a condition of organic origin—but by positive characters of a quite definite kind. He observed, for example, that an hysterical anæsthesia had a distribution that did not conform to any organic lesion, but that did conform to something of a different order—namely, an idea. He followed up this clear indication of a psychological causation, and was able to elicit other factors suscep-

tible of a psychological interpretation. Finally he produced his conception of dissociation, which cast a flood of light on a field that had hitherto remained impenetrably obscure. It is difficult for the younger generation to realize how extraordinarily refreshing Janet's work was to those of us who, brought up on the academic psychology of that day, had tramped through its arid wastes seeking unavailingly for some help in the problems of life and medicine.

The conception of dissociation was applied by Janet almost solely to the psychoneuroses, and mainly to hysteria, the condition most easily explicable thereby, and one indeed in which Janet considered dissociation to be a pathognomonic character. In a modified form, a "molecular" as opposed to a "molar" dissociation, he extended the conception to psychasthenia, an entity that he devised in an attempt to unify almost all non-hysterical neurotic manifestations into a single disorder. This attempt at unification has not survived further investigation, and the heterogeneous collection of states that he included therein are now regarded as comprising a number of essentially distinct conditions. In any case the conception of dissociation was found here to be a far less valuable weapon of explanation and understanding than in hysteria.

It has been said that Janet's work has but little direct contact with the psychoses, and, therefore, lies largely out of the road with which we are mainly concerned in this address. Nevertheless, its indirect influence has naturally been considerable. The conception of dissociation could easily be extended to the phenomena of the psychoses. Hallucinations, delusions, and the bizarre utterances of dementia præcox could be regarded as manifestations of dissociated currents running contemporaneously in the field of consciousness, and some understanding thereby reached both of their peculiarity of structure and of their imperviousness to influences either from without or from within. The chaos of mental processes, before which one could hitherto only stand in helpless bewilderment and repeat the dictum of Polonius—"to define true madness, what is't but to be nothing else but mad?"—immediately became less unintelligible and grotesque, and the way was paved for further investigation of their meaning and purpose.

For this further investigation we must turn to the work of Freud, and we must indeed regard as the very essence of Freud's contribution to psychiatry his systematic attempt to apply to its phenomena the concepts of meaning and purpose. Before dealing with the psychiatric aspect, however, it will be necessary to consider for a moment Freud's general line of advance, and the significance that the new viewpoint he introduced has had for psychological medicine. Like Janet, Freud devoted his researches in the first place to the psychoneuroses and, although he soon found that the paths which he was exploring occasionally led him into the sphere of the psychoses, and he ultimately indeed made a far more definite attack upon that sphere than Janet had ever attempted, the main structure of his work has been built around the psychoneuroses.

The chief character of this structure is that Freud introduces dynamic concepts while still remaining within the psychological field. He did not confine himself to those first two stages of science, the observation and classification of phenomena, which had hitherto constituted almost the only ground in which the psychologist was allowed to play. He advanced to a third stage, the construction of causal concepts designed to explain the observed phenomena; moreover, these concepts were built out of psychological stuff, and not handed over in despair to the ministrations of the physiologist and the chemist. This was an epoch-making step and one that, if it can be established, at once raises psychology to a level with the other scientific disciplines that serve psychiatry.

It is unnecessary to outline here the well-known story of Freud's development, and only certain broad features will be mentioned which have special significance for our present purpose. In seeking to achieve a causal understanding of the phenomena of the psychoneuroses, Freud found, as all his predecessors had found, that the conscious contents of the mind could not contain their own explanation, and that somehow or other we had to get beyond them. He believed, however, that it was possible to get beyond them without leaving the sphere of psychology. In the first place, he maintained that mind and consciousness were not synonymous, and that the contents of the mind included not only conscious, but also pre-

conscious and unconscious processes. Next he devised a number of conceptions and laws, such as conflict and the various mechanisms, and by their aid he was able to show that the phenomena observed could be interpreted psychologically. To account for the psychical activities, he had to postulate dynamic factors analogous to the "forces" of physics, and found them in certain instinctual urges which fell into two broad groups—on the one hand, the "libido," and on the other, the activities of the ego. In the further course of his investigations, he gradually built up a number of conceptions—the super-ego, the id, and so forth—and has finally produced a complex picture of entities acting and interacting according to fairly precisely defined laws, by which he believes it possible to explain, not only the phenomena of the psychoneuroses and psychoses, but also a considerable part of the general activities of the human organism. In this complex picture such notions as the ego, the super-ego, and the id are obviously conceptual constructs of the kind with which we are familiar in physics and other sciences, and I should personally also include in this category Freud's notion of the unconscious. My psychoanalytical friends, however, have frequently castigated me for expressing this latter view, and stoutly maintain that unconscious processes are of precisely the same order as conscious processes. Probably the difference between us can ultimately be resolved into a question of words and philosophical distinctions without much practical significance, and in any case the point has certainly no importance for our present purpose.

It is only necessary here that we should emphasize once more the momentous nature of the advance that Freud attempted, and its paramount significance in the history of psychological medicine. He refused to accept the traditional limitation of psychology to the merely descriptive levels of science, and insisted that psychology could furnish causal conceptions capable of explaining many of the phenomena of medicine, particularly phenomena that had proved peculiarly resistant to every other line of attack. Finally, he produced a body of theory and practice which, however faulty it may ultimately prove to be, and however it may be battered in the slow future growth of knowledge, will remain the first con-

sistent attempt to apply to medicine a conceptual psychology built along the lines that have proved so fertile in other branches of science, and which has at least cast more light upon the problems of neurotic disorder than any other method of approach has yet achieved. It is clear that, if Freud can be held to have succeeded in his venture, he will already have answered the question posed at the beginning of this address, the question as to the part that psychology may legitimately claim in psychiatry. For the moment, however, we must postpone the further discussion of this aspect until we have considered briefly the contribution that Freud has brought to the study of the psychoses.

This contribution has been admirably surveyed by Dr. Rickman, who has provided a detailed analysis of the work that Freud and his school have carried out in this sphere.[1] Freud first dealt with the psychoses in a paper published in 1894. He propounded the hypothesis that in certain cases of "hallucinatory confusion" there is a rejection by the ego of an unbearable idea with its associated affect, the idea nevertheless contriving to manifest itself by an hallucinatory manifestation, while the ego, having defended itself from this idea by a "flight into psychosis," has also been compelled to cut loose from reality, totally or in part, because the idea is inseparably bound up with a part of reality. Rickman comments that Freud's formulation in this paper "now seems rather commonplace"; no doubt it does, but in 1894 it was a very remarkable achievement, and one that sketched out in a few broad strokes the essential structure of a framework into which later psychological conceptions of the psychoses have easily fitted.

In 1896 Freud published a paper in which the mechanisms producing the symptoms in hysteria, compulsion neurosis, and paranoia were respectively compared and differentiated, but after this a decade elapsed during which the psychoanalytical school concerned itself with other problems than those of the psychoses. Then came Jung's work on dementia præcox, in which he showed that, by the application of Freudian concep-

[1] "A Survey. The Development of the Psychoanalytical Theory of the Psychoses, 1894–1926," by John Rickman. *British Journal of Medical Psychology*, Vol. 6, Part 4, pp. 270–94, 1926; Vol. 7, Part 1, pp. 94–124, Part 3, pp. 321–74, 1927.

tions, the symptoms of that disorder could be interpreted psychologically in an extraordinarily illuminating and refreshing manner. From that time onward, the psychoanalytical attack upon the psychoses has been unremitting. In 1908 Abraham brought the libido theory definitely into relation with the psychoses, formulating the view that in dementia præcox there is a destruction of the capacity for transference and object love, with a return of the libido to the ego, and hence an overestimation of the self with symptoms of a megalomanic type. This line of thought led to the development, in Freud's paper on the Schreber case in 1911, of the conception of narcissism. Here also was put forward the notion that in the psychoses, as in the psychoneuroses, the various disorders were characterized by different, but definite arrests and fixations along the road of sexual development, with corresponding differences in the mechanisms whereby the repressed elements were able to manifest themselves. In all this work the symptoms of the psychoses were ranged in parallel, as it were, with those of the psychoneuroses, and similarly regarded as due to aberrations of libidinal forces.

In this same paper, however, Freud comments that the disturbances in the libido may be secondary to abnormal changes in the ego, and that processes of this kind may be the distinctive characteristic of psychoses. These changes in the ego have, indeed, been the main object of attack in all the later work upon the psychoses carried out by the psychoanalytical school. The alterations in ego function that seem to be the hall mark of the psychoses have been worked out in elaborate detail, the successive advances being brought into relation with the newer conceptions of the ego, the differentiation of the super-ego, the notion of the id, and the other theoretical formulations that have marked the progress of psychoanalysis. It is impossible here to give any description of this later work; it is necessarily intricate and completely unintelligible without a full knowledge of its background. We need only note two things: firstly, that the psychoanalyst of to-day is prepared to give a psychological interpretation, of course admittedly tentative and imperfect, of the phenomena of the psychoses, those phenomena being shown as the result of forces working according to definite psychological laws; sec-

ondly, that in this interpretation he has found it necessary to employ an increasingly elaborated series of conceptual abstractions. We may comment in passing that there is no objection to this latter process, provided that the conceptual abstractions have been constructed according to the canons of scientific method, and that they are legitimately comparable to the conceptions that characterize all advancing sciences.

We are, therefore, now in a position to give an answer, although not a final one, to the question with which this address opened. One school of thought, at any rate, claims to be able to employ psychology usefully in the service of psychiatry, not merely at a descriptive level, but as a weapon that will enable us to explain causally the observed phenomena. Moreover, there can be no doubt that this claim has substantial justification, and that the formulations of the psychoanalyst do enable us to interpret in psychological terms the conditions with which the psychiatrist has to deal. If this is correct, then the scientific validity of these formulations could be contested on only two grounds: on the one hand, facts now known, or later to be discovered, must be shown to be incompatible with them, or, on the other hand, other formulations must be shown to be more serviceable. I have dealt with the first ground in my Goulstonian Lectures,[1] and need only say here that, although one finally arrived at a position of doubt, it was a position of very benevolent doubt. Something must be added, however, concerning the second ground, the existence of formulations that may be, or that may claim to be, more serviceable.

Although Freud's attack upon the psychoses from the psychological side is the most elaborate and detailed, and historically by far the most important, it is not the only one that demands consideration. Other psychological interpretations have been put forward, which may claim a measure of the same kind of success that Freud is able to claim. Adler, for example, brings the psychoses into line with the general psychological conceptions he has devised to explain the psychoneuroses. He maintains that, while fear of a defect, real or imaginary, may occasion an outbreak of neurotic symptoms as

[1] *Psychopathology*, by Bernard Hart. Second edition. London: Cambridge University Press, 1930.

compensations or defenses, psychoses tend to appear when the patient feels absolutely checkmated, with no hope of going on. In this way Adler finds that the psychoses can be interpreted as manifestations and aberrations of the will to power, and, although his views are clearly unduly simplistic, it can be conceded that they do cast considerable light on at any rate some of the phenomena with which they are concerned. Jung, again, approaching the subject from a very different standpoint, interprets the psychoses in relation to his basic concepts, which are, of course, fundamentally distinct from those of Freud and Adler, and he too achieves a measure of success.

Space does not permit of our giving to these various schools any detailed or even adequate consideration, but we may note for our present purpose certain important features. Firstly, Adler and Jung, like Freud, offer causal interpretations of the phenomena, and their interpretations are similarly built on the psychological plane. Secondly, all these three interpretations differ profoundly one from another. Are we to conclude from this that two at least must necessarily be wrong? I do not think so, and I shall hope later to offer some justification for this statement. As a preliminary measure, however, it will be necessary to review very briefly some other lines of approach which appear to have a bearing on the problem of the relationship between psychology and psychiatry.

We have already mentioned the work of Janet and the epoch-making part that it played in the history of psychological medicine. We have only to add now that his conceptions, although they ensured a great stride forward, seem to have exhausted their impetus, and have contributed but little further to progress during the course of the present century. The psychological attack has indeed proceeded almost entirely from the three schools of Freud, Adler, and Jung. Much work has been produced by authors who belong to none of those three schools, but in the main it has consisted of eclectic modifications, and the fundamental concepts have been borrowed.

The researches of Pavlov, and the immensely important conceptions to which they have led, belong to the sphere of physiology, and the behavioristic psychology that has been built upon those conceptions is not psychology in the sense in

which that word is employed in this address. It does not attempt to interpret phenomena in terms of subjective experience. On the contrary, it expressly declines to have anything to do with subjective experience, and constructs its conceptions on a mechanistic stimulus-response system, which is clearly and entirely couched in the language of physiology.

Gestalt psychology is in its early youth, and up to the present has concerned itself mainly with phenomena less complex than those that trouble the psychiatrist. It promises to be of great assistance in the future, but one may hazard the conjecture that future developments are likely to lead it rather into the sphere of physiological than psychological conceptions.

Kretschmer's work may be regarded as the formulation of a psychological classification, constructed upon the platform originally built by Jung and others, but with an added correlation with physical characters. Kretschmer's researches have provided us with a most illuminating development of the reaction-type as opposed to the disease-entity system, but they do not strictly constitute a milestone in the march of the psychological conception of disorder. The correlation with physical characters is the crux of the matter here, and the search for causal explanation clearly leads us straight into the physiological field.

Apart from Kretschmer, many other investigators have attempted to link up the psychological and physiological methods of approach, endocrinology and the autonomic nervous system being generally selected as offering promising bridges, but not much solid success has been achieved. The work of Kempf may be specially mentioned here, and it may be noted that Freud's line of attack lends itself to speculations of this kind, because of the fundamental part played in it by the notion of instinctual urges. Such urges can easily be translated into physiological and chemical terms. Freud, indeed, explicitly states: "We regard instinct as being a term situated on the frontier line between the somatic and the mental, and consider it as denoting the mental representative of organic forces."[1]

[1] *Psychoanalytische Bemerkungen über einen autobiographisch beschreibenen Fall von Paranoia (Dementia Paranoides),"* by Sigmund Freud. *Jahrbuch für Psychoanalytische und Psychopathologische Forschungen,* Bd. III, S. 65, 1911; Freud's *Collected Papers,* Strachey's translation (New York: International Psycho-analytical Press, 1924–25), Vol. 3, p. 461.

In all the approaches that we have hitherto considered some account at least is taken of the psychological phenomena of psychiatry, although in many this stops short at the purely descriptive level, the causal conceptions being sought in other spheres of science. There are other approaches, however, in which even this temporary employment of psychology is excluded, as may be seen in the statement of Lewis Bruce quoted at the beginning of this address. Here psychological phenomena are not considered at all, but only the anatomical, histological, or chemical phenomena that can be observed in psychiatric cases, and upon these the explanatory causal conceptions are exclusively built. There is, of course, no possible objection to this procedure as a method of approach, and it should lead to fruitful results which will increase our understanding. We can hardly believe, however, that an attempt to write Hamlet without introducing the Prince of Denmark will bring us any complete understanding.

We may now attempt to summarize briefly the position so far reached. Mental disorder is being attacked along a number of different avenues, which fall into two broad groups—on the one hand, the psychological, and on the other, what we will term the physiological, although that word must be understood here to include the chemical and all other allied methods. This second group, though its constituent members differ considerably amongst themselves, are akin in that they all follow the road of objective science, which has proved so successful in all other fields of medicine. The psychological group follows a road that is radically distinct, in that it seeks to construct causal explanations out of the stuff of subjective experience. Its claim to be permitted to attempt such causal explanations is no less justified than that of the physiological group. From the standpoint of science, we are entitled to demand only that the conceptions employed shall be reached by the method of science, and that they shall satisfy the ultimate pragmatic test. That is to say, they must, in fact, furnish an explanation of the phenomena with which they deal, and enable us to predict and control those phenomena. It is impossible here to consider how far the various psychological schools have succeeded in satisfying this pragmatic test, but it can hardly be denied to-day that they have achieved a measure of progress which at least justifies further effort.

When we survey all these various roads, some parallel and some divergent, along which psychiatry is struggling to advance, the question may perhaps be asked: "Which of these roads is the right one?" There is, of course, no answer to so preposterous a question, although it is frequently answered with the utmost assurance by enthusiastic, but imperfectly educated members of all schools. Science is an attempt to interpret our experience by the aid of a particular method, and each individual science is permitted to employ its own conceptions and to attack as much of our experience as it can, provided only that it adheres to the fundamental rules of the method. It is absurd to suppose that any science has the right to preëmpt a particular sphere of experience and to warn other investigators from trespassing thereon. The psychologist can legitimately become indignant if he is denied access to the phenomena of psychiatry at the hands of some physiological or chemical panacea-monger, but he must also admit without question the right of the physiologist and chemist to push their conceptions as far as they can be made to go, and to attempt the interpretation of any and every problem that psychiatry presents. The fallacy of "either-or," so far as the approaches to psychiatry are concerned, must be strenuously combated, and every method of approach must be given a free hand.

It is, of course, reasonable to inquire whether one method of approach can be regarded as more promising than another, though it will be difficult to obtain an answer that is not conditioned by the traditions, habits of thought, and prejudices of the man who gives it. In the present state of our knowledge, such an answer can be properly based only upon the pragmatic test. Which method is the most serviceable in enabling us to understand, to predict, and to control the phenomena of psychiatry? The psychologist can claim that his method, if assessed by this test, has at the present time indubitably achieved greater success than any other method so far as the psychoneuroses are concerned, and perhaps not much less success in the sphere of the psychoses. The neurologist, physiologist, and chemist, on the other hand, can claim that, even if they have not as much immediate practical fruit to offer as the psychologist, they are proceeding by

objective methods of proved value in all other spheres of medicine, and that they have always before them the desirable goal of bringing the phenomena of psychiatry into line with a great mass of already established knowledge, extending over fields that psychology is apparently incapable of attacking at all. They may claim, moreover, that the method of psychology has intrinsic imperfections that necessarily make it inferior to the weapons possessed by other sciences. Its conceptions cannot be so adequately tested by a constant resort to objective observations, and those observations are themselves liable to numerous subjective and distorting factors which play but little part in other methods of investigation. These obstacles are no doubt very real ones, but they should furnish rather a spur to the psychologist to improve his weapons than an indication to discard them as forever useless.

The attitude of tolerance can be applied, not only to the major question of the respective claims of the psychological and physiological methods of approach, but also to the divergencies that exist within the psychological method itself. We have seen that Freud, Adler, and Jung put forward interpretations of the phenomena of psychiatry which are apparently radically distinct from one another, and yet that each succeeds in illuminating some facets of those phenomena more satisfactorily than his rivals. An analogy to this state of affairs can be found in the history of the theories of light. Newton's corpuscular hypothesis explained many of the phenomena of light; it was replaced by Young's undulatory hypothesis which explained most of these phenomena more efficiently, though some remained more comprehensible on Newton's view. These two conceptions were radically distinct and apparently incompatible, yet modern physics has succeeded by the aid of the theory of wave-mechanics in incorporating these apparent incompatibles in a single unifying conception, and holds that a beam of light consists of discrete "light quanta," which are at once corpuscles and waves. Such a happy fate may await the divergent approaches of the rival psychologists of to-day. At any rate it is reasonable to ask each school to push its conceptions as far as they will go, and not to discard them merely because

they fail to explain phenomena, but only if phenomena are found that directly contradict them.

Although science allows each of its members to play freely in its own ground, this permit is not, of course, to be regarded as necessarily perpetual. On the contrary, there is a constant search for wider generalizations which will resume a number of conceptions applicable only to smaller spheres, and an endeavor to incorporate the findings of the newer sciences in the more universal formulæ of the older sciences. Biology and physiology strive to express their laws in terms of the wider concepts of physics and chemistry, while physics and chemistry themselves have already largely succeeded in reducing their own concepts to the formulæ of mathematics. There would, therefore, seem to be good ground for hoping that we shall be able in the future to express the conceptions of psychology in terms of the wider conceptions of physiology, later in the still wider formulæ of physics and chemistry, and perhaps ultimately in the universal formulæ of mathematics. This hope is, indeed, widely held, and a multitude of workers are fighting to achieve its realization. We shall not question its legitimacy as a goal toward which we should press forward so far as progress proves to be possible, but it is by no means inconceivable that at some point ahead we shall find the road absolutely blocked. There are certain conceptions forming an integral part of the psychological approach—"purpose," for example—that seem altogether resistant to any attempt to incorporate them in the framework of mechanistic science. Further, the essential feature of the sequences dealt with by mechanistic science is that they are reversible: effect is cause in a new form and can be brought back again to its original form. The sequences, not only of psychology, but also of biology appear to be essentially irreversible, and this feature again seems likely to "stick out," however far we may progress in our efforts to reduce the processes of psychology and biology to those of physics and chemistry. It may reasonably be maintained, therefore, that it will always prove impossible completely to subsume psychology under the concepts of mechanistic science, although this does not in the least mean that psychology cannot remain a science. For the essence of science is simply the employment of a certain

method; mechanism is not synonymous with science, but is only one avenue that science has found to be extraordinarily fruitful in dealing with some of the phenomena of nature.

These considerations lead to some interesting speculations. It has been pointed out that the physiologist is trying to reduce his conceptions to those of chemistry and physics, while the psychologist seeks to interpret his findings in terms of physiology. We have here the picture of a procession, with the physicist and chemist in the van and the psychologist in the rear, each member of the procession pushing always to get as near to the front as possible. Now it is well that the psychologist, who may feel that his only hope is to follow rigidly the road that the procession has taken, should inquire occasionally as to what is taking place at the van. If he makes such an inquiry at the present time, he will discover that some remarkable evolutions are occurring in the foremost ranks. The physicist of to-day, so far from upholding mechanistic science as the be-all and end-all of knowledge, is abandoning mechanism. He tends to regard it as a step that has been useful as a temporary aid to advancement, but that is now beginning to fail him, and whose validity as a universal and ultimate weapon of understanding can be definitely disproved.

When the psychologist hears news of this kind from the front, and learns that mechanism, upon which he has been told to base all his hopes of ultimate salvation, has been found wanting in its very stronghold, he must surely hesitate before accepting this as the only road along which he can travel. But some of the evolutions at the front are of an even more remarkable character. Sir James Jeans says: "To-day there is a wide measure of agreement, which on the physical side of science approaches almost to unanimity, that the stream of knowledge is heading towards a non-mechanical reality; the universe begins to look more like a great thought than like a great machine. Mind no longer appears as an accidental intruder into the realm of matter; we are beginning to suspect that we ought rather to hail it as the creator and governor of the realm of matter. . . ."[1] So it looks as if we may have to amend our picture of the

[1] *The Mysterious Universe*, by Sir James Jeans. London: Cambridge University Press, 1930. p. 148.

procession into an almost Gilbertian shape. The wheel comes full-circle, and the psychologist, struggling perspiringly in the hope that he may ultimately attain to the van of the procession, finds that van already treading on his heels.

Whatever validity these speculations may have, it is of course still possible to maintain that the psychologist can advance only along the road that other sciences have traveled, and that he must pass through the stage of mechanistic conceptions in order to leave it behind him. It may be admitted, indeed, that an endeavor to advance in this way is altogether laudable, but the considerations just adduced, and the obstinate resistance of psychological phenomena to fit even moderately comfortably into the framework of mechanism, at least justify the belief that other avenues of approach are worthy of effort.

We may be permitted one further speculation of perhaps an even wilder character. The main psychological attack upon psychiatry has adhered whole-heartedly to the method of science, and has claimed therein its entire justification. Now it is possible that the method of science will ultimately prove to be an imperfect weapon for the psychologist, and that some other approach will have to be used before any completely adequate understanding of mental phenomena can be attained. That is to say, the psychologist, when he has reached a certain point, may find further progress impossible unless he discards, not only mechanistic science, but the method of science itself. Such a position, indeed, has been frankly adopted by Jung, and this circumstance underlies the accusation of mysticism leveled at him by his scientific critics. This accusation is perhaps unfairly expressed, but they may reasonably charge him with being non-scientific.

In order to appraise a speculation of this kind, it is necessary in the first place to realize that the method of science is not an unique, absolute, and unimpeachable key to knowledge. No responsible scientist would, of course, dream of making such a claim. The method of science is merely a particular system of attack which has proved astonishingly successful in enabling us to understand and control our experience. It has been so successful, indeed, that we are in danger of worshiping it as an absolute god, and forgetting

that it is only a convenient and most efficient weapon. Obviously, it is entitled to far greater respect than any other weapon yet devised, but it is quite gratuitous to suppose that it is the only possible weapon, or that it will necessarily be able to solve all the problems that our experience presents.

We may get some further light here by considering again what is happening at the frontiers of physics. Advance there has been achieved by interpreting the laws discovered by inductive science in the terms of mathematics, and it is in this process that the concepts of causation and determinism have been dethroned from their formerly unquestioned supremacy, because mathematics has been able to find formulations that to some extent are incompatible with those concepts, but that nevertheless describe our experience more successfully than their predecessors. Jeans remarks that "our remote ancestors tried to interpret nature in terms of anthropomorphic concepts of their own creation, and failed. The efforts of our nearer ancestors to interpret nature on engineering lines have proved equally inadequate. Nature has refused to accommodate herself to either of these man-made molds. On the other hand, our efforts to interpret nature in terms of the concepts of pure mathematics have, so far, proved brilliantly successful. It would seem to be beyond dispute that in some way nature is more closely allied to the concepts of pure mathematics than to those of biology or of engineering. . . ."[1]

Now, it must be pointed out that pure mathematics is not science at all in the sense in which we have been using the term in this address. More accurately, it is not inductive science. Its concepts are not reached by the method of science we have described—that is, by the observation of facts and the construction of conceptions to explain those facts. On the contrary, "our mathematicians have formulated them in their studies, out of their own inner consciousness, and without drawing to any appreciable extent on their experience of the outer world."[2]

It would seem, therefore, that at the head of the procession we have depicted the advance guard is passing out beyond

[1] Jeans, *ibid.*, p. 132.
[2] Jeans, *ibid.*, p. 130.

the sphere of inductive science, and into a sphere where a method of totally different character is employed. Obviously, this latter sphere has been reached only by climbing laboriously up all the steps that the method of science has been able to furnish, and it is likely that the great majority of the sciences at present occupying places further back in the procession will have to proceed by the same road. It is more than possible, indeed, that the lamentable laggard psychology will also find here the only satisfactory route, but it cannot be maintained that this must quite certainly be its fate. For it must be remembered that the phenomena of psychology have characters sharply distinguishing them from the phenomena with which inductive science has mainly been concerned, that they offer peculiar resistances to incorporation in the framework of inductive science, and that psychology has at least some reason to question the complete applicability to itself of the concepts of causation and determinism which govern the march forward of inductive science. Moreover, the sphere into which the advance guard is moving, and the formulations that are being developed there, seem to have a coloring akin to the stuff of psychology. It is not, therefore, remotely incredible that psychology may find, if not a short cut, at any rate an alternative road, and that it may have to call to its aid other weapons than the method of science.

We may now leave this region of airy speculation, carrying with us such profit as we have been able to obtain, and endeavor in a final summary to regain contact with our main problem, the relation of psychology to psychiatry. Psychiatry is being attacked along a multitude of routes. In some of these psychology plays no part whatever: here the physical phenomena accompanying mental disorder are alone considered, and the attack proceeds by the aid of neurology, physiology, and chemistry. In others, psychology is allowed to give a helping hand at a purely descriptive level, but the search for causal conceptions is left entirely in the hands of other sciences. In a third group, these causal conceptions are sought within the sphere of psychology itself, but the endeavor is made to employ only the method of science and to construct only such conceptions as conform to the canons

of that method. Finally, a fourth group, which at present can hardly be said to be more than nascent, is prepared to consider the possibility that a psychology limited to the method of science may never be able to solve all the problems that psychiatry presents, and that appeal will have to be made to some other weapon. The scientist may reasonably regard this last group as building upon shifting sands and rankly heretical, but it is well to remember that past heresies have sometimes become the orthodoxies of later ages.

The aim of this address has been to show that no one of these approaches can claim an exclusive divine mission to govern psychiatry. All of them can claim the right to push their conceptions as far as they will go; it is patent that each and every one of them has achieved success in illuminating some facets of the complex problem that psychiatry offers to us, and may reasonably hope both to increase the ilumination and to extend it to other facets. The formulations that will embrace all the facets in comprehensive generalizations obviously lie very far ahead, and it is more than probable that none of the roads now known to us will ever succeed in bringing us there. At the moment we can only ask the neurologist, the physiologist, the chemist, and the psychologist to give us all the help they can, and we must not be disturbed because their various interpretations proceed along divergent paths and seem impossible to reconcile in any coherent picture. With our knowledge of to-day, it would be absurd to expect such a reconciliation. The history of science leads us to hope, however, that when such a happy issue does occur, it will be found that the stones laid down by the efforts of workers along all these divergent paths have contributed to build the steps by which the ultimate and comprehensive concepts have finally been reached.

GROWTH FACTORS IN CHILD GUIDANCE *

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GROWTH and guidance are two concepts that belong together. Growth is a term so familiar that it scarcely needs definition, but its very familiarity tends to make us unregardful of its many important implications. From one point of view, growth is very obvious and a matter of everyday observation. From another point of view, growth is subtle and concealed. Indeed, the actual process of growth has not yet been seen by the eye of man. So it is easy to forget the factors of growth that underlie child behavior. In most child-guidance situations, we are prone to adopt rigorous ideas of right and wrong, of authority and obedience, of discipline and training, which make us blind to the almost axiomatic truth that the mind grows and that behavior can develop only in accordance with laws of growth which are as inescapable as the laws of gravity.

An appreciation of the significance of growth is of relatively recent origin. Primitive man must have had only the dimmest ideas of the nature of growth. Even in modern times, ideas of life were governed by static concepts. In the field of social theory, the idea of progress or of the continual improvability of man's lot did not take definite form until the eighteenth century. A developmental view of problems of education dawned at the close of the same century.

The beginnings of the genetic point of view in educational psychology are associated with the names of Rousseau, Froebel, Pestalozzi, and Madame Necker de Saussure. A genetic point of view with regard to problems of child guidance is by no means completely established, but we have made some advance beyond the outlook of Susannah Wesley, who died a little less than two hundred years ago. She was the mother

* Read before The Parents' Council of Philadelphia, The Institute of the Pennsylvania Hospital, February 29, 1932.

of the famous John Wesley, and although she was ahead of her own times, she wrote as follows:

> "I insist upon conquering the will of children betimes, because this is the only strong and rational foundation of a religious education, without which both precept and example will be ineffectual. But when this is thoroughly done, then a child is capable of being governed by the reason and piety of its parents, till its own understanding comes to maturity, and the principles of religion have taken root in the mind."

> "Whenever a child is corrected, it must be conquered; and this will be no hard matter to do, if it be not grown headstrong by too much indulgence. And when the will of a child is totally subdued, and it is brought to revere and stand in awe of the parents, then a great many childish follies and inadvertencies may be passed by. Some should be overlooked and taken no notice of, and others mildly reproved; but no willful transgression ought ever to be forgiven children, without chastisement, less or more, as the nature and circumstances of the offense require."

> "In order to form the minds of children, the first thing to be done is to conquer their will, and bring them to an obedient temper. To inform the understanding is a work of time, and must with children proceed by slow degrees as they are able to bear it; but the subjecting the will is a thing which must be done at once; and the sooner the better."

You will note from these quotations that Mrs. Wesley granted the significance of growth factors in the intellectual development of children, but did not grant the force of these factors in the field of personality. To this day it remains most difficult to recognize the operation of growth laws in guidance situations that involve emotional, moral, or personality problems.

A century later Madame Necker de Saussure voiced the more modern point of view when she wrote:

> "If it was the design of the Creator in respect to man that the immortal spirit should receive a strong impulse from the present life, the means of making him pursue the most extended course of development was to place him in the lowest degree at its beginning. Hence his state of privation and ignorance in infancy."

And the following paragraph is in striking contrast with the philosophy of Mrs. Wesley:

> "Preoccupied with considering what is wanting in the child, we forget the liberality of nature with respect to him. We do not observe that the order of development made necessary by his ignorance is the most advantageous to morality as well as to the progress of his reason."

These statements show a profound genetic insight into the problems of child development. They are all the more creditable because they antedate the period of modern biological thought. In 1859 Darwin published his epoch-making book, *The Origin of Species*. Since then modern biology has been systematically concerned with problems of growth and of evolution. The study of the laws and mechanisms of individual development has become a major enterprise in biological laboratories the world over. This systematic, scientific attack upon the phenomena of growth makes us realize that growth is more than a mystical concept and that it represents a lawful, living process which must be reckoned with in all of our human relationships. Mental growth is a process as real as nutrition or metabolism.

The mind grows as well as the body. Indeed, from a biological standpoint, no rigid distinction should be made between physical and mental growth. Both mental and physical characteristics are the expressions of one underlying growth complex. The mind is inherently bound up with the physical aspects of growth. The growth of the mind expresses itself in ordered patterns of behavior. These patterns have form and organization. We cannot directly see the mind grow, but we can systematically observe the progressive patterning of behavior, which is the outward manifestation of the growth process.

In our clinical laboratory at Yale, we have for some years been making systematic cinema records of the behavior patterns of the human infant. These objective records show that the patterns of behavior change in a lawful manner with age and maturity.

For the behavior evidence of growth, glance at the advancing reactions of the normal infant to a small red block or one-inch cube. At eight weeks, he will hold the cube for a short time if it is pressed into his palm. At twelve weeks, he will transiently regard a cube placed before him on a table; and at sixteen weeks, he will regard it prolongedly. At twenty weeks, he may corral it with both hands while he is seated before the table; at twenty-four weeks, he picks up the cube on sight; at twenty-eight weeks, he bangs the cube on the table top. At thirty-two weeks, he prehends it with increas-

ing thumb opposition; at thirty-six, forty, and forty-four weeks, he brings two cubes into more and more elaborate combination. At forty-eight weeks, he brings one cube above another in a sketchy manner which promises tower building at a later date, but the behavior pattern of adaptive release is not yet fully mature. Incipient tower building with rudimentary release of the block begins at one year. At eighteen months, he may complete a tower of four, five, and more cubes. At three years, he can look at a model and make a bridge of three cubes. He takes two cubes and separates them by less than an inch, then takes a third cube to bridge the gap. This bridge-building ability is a symptom of maturing intelligence.

Significantly enough, we have found that the eighteen-months-old child cannot, even with instruction, build such a simple bridge of three blocks. He must double his age before he is equal to the test. Superficially, it would seem almost more difficult to build a balanced tower of five cubes, which he may do at eighteen months. It does indeed demand a nicer degree of motor coördination, but the laying of the bridge requires more judgment. The mechanism of behavior growth is so complicated that it takes eighteen months of added neuromuscular development before the more complicated pattern of bridge building comes into expression.

These progressive and advancing reactions with building blocks reveal the orderliness of mental growth. The child stares at a cube before he perceptively regards it; he corrals a cube with his hands before he grasps it with his fingers; he builds cube towers before he builds cube bridges.

The same growth laws that mold the child's cube behavior undoubtedly affect also the development of his personality. It is these laws that must be reckoned with in problems of child guidance. How erroneous it would be to insist that he build bridges before towers! How idle it would be to train him to do either before he has the requisite capacity!

The mind grows. It is subject to the laws and limitations of growth. It is not wholly determined by habit, by conditioned reflexes, by subconscious entities. It is primarily shaped by processes of maturation which are innate and distinctive for every individual. The child is never a miniature adult. The mind grows with great rapidity in infancy and

adolescence, but it grows also during middle life and sometimes into old age.

All child guidance may take into account the facts of growth. All problems of child guidance and of morality can be viewed from a relative standpoint—not to be condoned, but to be interpreted justly and appraised adequately. For example, honesty is a virtue; every possible premium should be placed on it; but the "dishonesty" of the seven-year-old is something quite different from that of the seventeen-year-old. Yet parents will become excitedly authoritarian on account of so-called lying even in a four-year-old. We need a genetic kind of patience, which can come only through a recognition of factors of growth.

Adolescents—and adults within reason—may well cultivate a sense of growth as part of their personal philosophy. The conscious recognition of growth is a way of life, an attitude toward life that has important implications for mental health. Life becomes less confused, more meaningful, to a youth if he can be given some realization of the laws and mechanism of personality growth. Such realization may help him, as it helps the adults who are watching his development. The idea of experimentation in conduct becomes narrow and hazardous unless balanced by longer-ranged concepts of growth and of life cycle. There is something sobering in a foreglimpse of the growth cycle.

Mental growth is a process of differentiation and assimilation which normally leads to a deepened perspective or a ripened wisdom. This ripening begins in a psychological sense even in infancy. The broad aim of education should be to enrich perspective, to give a sense of changing values while the child grows. We place too much reliance upon habit training as such and, therefore, proceed ill-advisedly and impatiently. We do not sufficiently teach intelligent children about life in perspective. We deal too much with immediate or obsolete values, not enough with prospective ones. Here, again, a sense of growth, a perception of the flux and onward flow of life becomes important. "Nothing is. Everything is becoming"; but that *becoming* is something very real and worth while.

The tendency of growth is toward an optimum. We may, therefore, retain a philosophic confidence in the potentialities

both of natural and of guided growth. It is dangerous to think carelessly that children outgrow all their difficulties, but it is safe to place faith in their ability to grow into new things. The whole temper of the parent-child relationship tends to improve by placing confidence in the powers of growth. In the parent-child relationship two life cycles overlap. Both cycles are governed by laws of growth, and the mutual adaptations between young and old cannot be accomplished without respect for these laws.

THE IMPACT OF CULTURAL FORMS UPON CHILDREN'S BEHAVIOR *

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CHILD training has embarked upon a new era—is, indeed, already sailing the high seas. We are done with moral precepts, with expecting the child to do right as father and the policeman see it, with dealing out retribution suited to the crime when children yield to the promptings of the devil. Instead of measuring every child in terms of inflexible moral law, we are learning to measure him against his capacities. We still wish him to be "good"—that is, to be a useful and happy member of the community—but we are coming more and more to recognize that social adjustment has to be learned as much as arithmetic and with even more attention to pedagogical principles. In accordance with this point of view, the child has been the object of intensive study. Pediatricians have stressed the need for physical well-being as a part of social adjustment; psychologists point out the difficulties that arise from inferior intellectual endowment; psychiatrists analyze the deep emotional strivings of the child.

But social adjustment involves two parties: the child and the society to which he must adjust. The child must indeed have a good physique, good intelligence, and good emotional stamina. But he must also have the exact type of development demanded by his surroundings. Society possesses a body of customs, manners, modes of speech, thought, and feeling which are lumped together by the anthropologists into the concept of its "culture." This culture presents a highly organized and inflexible pattern which holds a niche of definite size and shape for the child. The relatively plastic nature of the infant is caressed, pressed, or even

* This article is the first of a series of three which deal with the relationship between culture and children's behavior. The second article deals with cultural conflicts within our own society; the third, with the influence of economic conflicts upon children's adjustment.

pounded into the desired mold. It is not enough for the child to be a healthy young organism. He must become the embodiment of a specific culture, ready to pass on its precious heritage to the next generation. His problems arise not only from flaws in his own constitution, but also from the tremendous impact upon him of the mass of social customs and concepts. We must look, not only at the child, but also at the culture in which he lives, to reach a clear understanding of any case of social maladjustment.

The organization of any given social group is peculiar to itself and is the product of an individual evolutionary process. Every form of society creates it own types of maladjustment in accordance with its own constitution. The slow, careful child, who would be able to adapt without friction to life in the Indian Southwest, is hopelessly out of step with our own bustling, competitive culture. The structure of a matrilineal society gives rise to a different series of problems from those found in our patrilineal system. It is our thesis that children of similar physical and mental constitution develop different types of conflict and different degrees of disturbance as a result of the specific society in which they happen to be born.

Conflicts in childhood arise in part from the conscious instruction of the social group—from discipline. The variations in conflict thus induced will be our first concern. Another source of difficulty, more subtle in its implications, lies in the emotional stress laid upon the child by the structure of his culture, quite apart from any conscious methods of training. Intrafamilial relationships, sexual adjustments, and religious development are the examples we will consider of emotional difficulties arising from the particular network of pressure in which the child is involved. Finally, we will point out how even the temperament of the child may be induced by his social surroundings.

First, the matter of discipline. Children throughout the world must learn caution in the face of physical danger, skill in handling themselves and their immediate environment, respect for property, formulæ of politeness, and consideration for the comfort of others. The method of teaching varies with different cultures. Nowhere is the process of indoctrination perfectly smooth and untroubled. The degree

of conflict and the type of difficulty aroused, however, seem to be correlated with the style of discipline current in the particular society to which the child belongs.

An example of this relationship was found by the writer in a recent survey of the character of behavior problems referred to a large child-guidance clinic. Children from two distinct social levels were studied: the over-privileged and the under-privileged groups of our own culture. Those from the former group presented personality problems—temper tantrums, negativism, extreme shyness, introversion, and the like. Children from the under-privileged group, on the other hand, were rarely so afflicted. They were specialists in social problems, such as stealing, lying, and incorrigibility. This variation in type of problem results, at least in part, from profound differences in the handling of the children in these two groups. What are the cultural differences in the methods of discipline involved?

In the upper-class group, authority is vested in the parent. But the parent is also the chief object of the child's love. This duality of function, essentially a result of cultural organization, almost inevitably produces emotional conflict. Willie resents sudden spurts of severity from his usually doting mother. Moreover, he can use disobedience to increase her solicitude for him, to divert her attention from a rival child, to avenge a real or fancied infidelity. Every point of discipline may be the subject of a sort of lover's quarrel. Personality problems are the natural outcome of these tense emotional situations. Only the most skillful parent can reconcile a close emotional bond with healthy discipline.

The less privileged child evades the close supervision of his parents through economic necessity. When both parents are engaged in earning the money for the spinach, there is little opportunity for concern over Willie's appetite for it. Mother is out of the house, or so harassed by her large flock of children and crowding household cares that the peccadilloes of any one child go largely unnoticed. Parental authority is weakened and often almost entirely absent, with the happy result that the child's emotional development is uncomplicated by the conflicting forces just described. A secondary result, however, is to leave the child open to wider

social influences. As he plays on the streets, he almost inevitably joins the corner gang and follows in its tradition of delinquency. Clifford Shaw has pointed out that in the Loop district of Chicago, it is more "normal" for a child to have court experience than not. Being arrested is a process of initiation into the fraternity of the streets. Authority lies in the law, an impersonal force very different from the dynamic relationship of the child with his dearly loved parent. The child comes into conflict with the large outside world, but within his own personality and his own gang he is snugly at ease.

The very complexity of the cultural heritage to be absorbed by the over-privileged child is another source of difficulty from which the street gamin is largely exempt. The latter eats when he is hungry—if there is anything to eat. The child of wealthy parents eats at prescribed times according to a complicated ritual. Points of discipline are multiplied. Moreover, the type of discipline to which the poor child is subject is relatively uniform: the policeman, the gang, the schools, occasional straightforward bouts with his parents. His gently reared cousin, however, is tossed about by many cross currents of discipline. Mother and father do not always agree. Grandmother is a royal protectress. Teachers and friends have still further types of discipline to offer. From a confusion of disciplines conflicts arise which express themselves in undesirable personality traits.

The social problems of the under-privileged group and the personality problems of the more wealthy portion of our society are thus seen to be related to the methods of discipline to which the children are subjected. Anthropology suggests that some cultures have devised yet other schemes of discipline which arouse almost no conflicts in the young. We refer to the cheerful, untroubled maturation of the young Samoan barbarians. The absence of conflict seems to result in part from the very simplicity of the culture. Every one is brought up in the same way. The power of imitation is, therefore, tremendous. Moreover, the child receives no support from outsiders in rebelling against parental authority. In our country John must go to bed at six, whereas his friend, Harry, is permitted to stay up until seven. John's resistance to the six-o'clock curfew is strengthened by the knowledge

that seven o'clock also has social sanction. But the Samoan girl would hardly think of standing out against a command to do her weaving, since all her companions are subject to exactly the same authority.

Even more important among Samoans than this cultural unanimity in the matter of how children should behave is the lack of strong personal ties with the parents. The Samoan household consists of from thirty to forty persons, loosely connected by blood. All the women assume a maternal rôle toward all the children of the group. Thus a child may have seven or eight mothers to resist—a staggering task for the most self-willed of youngsters. The very dispersion of authority makes rebellion impossible. Similarly, the dispersion of affection prevents the development of the strong emotional attachments between parent and child that introduce so much bitterness into the disciplinary struggles of our own civilization. The Samoan child grows up serenely in the impersonal, simply constructed household evolved by his culture. It should be added, however, that he grows up without the individuality and richness of personality of the American child.

The conflicts thus far described have arisen from the resistance of the child to the direct teaching of his cultural heritage. Problems also arise in emotional development as a result of the organization of culture even when no attempt at discipline is made. The very constitution of the society induces stresses peculiar to itself. Filial emotions, love affairs, religious experiences vary fundamentally with the culture in which the child lives.

For instance, the organization of the family determines to a large extent the emotional patterns of the child, quite apart from the personality of its individual members. In our society the family is typically a close-knit biological unit consisting solely of parents and children. Relatives play a minor rôle in most cases. The father is the source of economic support and is usually the dominant member of the household. The mother is thrown into constant close contact with the children. The emotional reactions between parents and children are so intense that a whole psychology of human behavior has been built upon just this relationship—namely, the Freudian system, with its basic Œdipus

and Electra complexes. The boy is attached to his mother and experiences emotions of rivalry, jealousy, and resistance toward his father. Similarly the girl pits herself against her mother for the love of the father. Furthermore, brothers and sisters are rivals for the affection of the parents and for the esteem of the world at large.[7] Another psychological system, that of Adler, treats the sibling relationship as the corner stone of reaction patterns. The only child, the oldest child, the second child, the youngest child are all held to exhibit certain types of behavior peculiar to their position in the family constellation.

How far are these reactions fundamentally human, and how far are they a product of the particular type of family organization under which we live? If the family relationships are changed, what becomes of the Œdipus complex? What of the psychology based on the relationship of siblings? It happens that we have at hand cultures which set up just such experimental variations in family organization. Several societies different from ours have been studied to discover the emotional relationships attendant upon their structure.

Detailed information is at hand with regard to the family interrelationships of Trobriand Islanders and their emotional reactions. Their society is matrilineal. The family is supported by the mother's brother, not by the father. Indeed, the biological function of paternity is unknown. The father has no real power over his children, both power and responsibility being delegated to the maternal uncle. Under these circumstances the Œdipus complex as we know it disappears. The father is considered as an affectionate friend. None of the tensions between father and son described by Freud appear. On the other hand, the *uncle* is the recipient of the emotions focused on the father in our culture—admiration, rivalry, jealousy, rebellion. In their mythology strife occurs between uncle and nephew rather than between father and son, as in the folklore of our patrilineal system.

Another feature of the Trobriand organization is the strong incest taboo raised between brother and sister. From a very early age these two members of the family are rigorously separated. The brother must not call his sister by name, must listen to nothing concerning her sexual relation-

ships, must never be left alone with her. The corresponding emotional pattern is comparable to that woven about the mother in our civilization. Brother-sister incest is considered the worst of crimes, though it occurs in their mythology with appropriate punishment as mother-son incest occurs in ours. Dreams indicate a suppressed interest in the relationship, as Freud has found our dreams to relate to the parental incest taboo. In both cultures all intrafamilial sexual relations are prohibited, of course; but the sense of guilt focuses upon that type of incest which most actively evokes social horror. In short, the system of family organization induces a set of complexes peculiar to itself.

The Samoan family, as we have seen, has evolved a more indefinite organization. The child has a dozen foster mothers who give it about as much attention as its own mother. And if the child is dissatisfied with this bevy of mothers, it has only to run across to another household where it can receive more congenial handling. Under these conditions, no close parental ties are formed. Moreover, in such a large family there are always hosts of children. It is impossible to be an only child, and a child is never the youngest by the time he is old enough to appreciate the advantages of his station. The emotional problems described by Adler which arise directly from the position of the child in the family constellation are simply unknown in Samoa.

Indeed, in our own patrilineal society we find variations in the constitution of the family which have their repercussions upon the emotional patterns developed by the children. Membership in a Scottish clan exacts loyalty to an extensive collection of blood kin. A powerful Jewish family may provide a wider theater for conflict than the small family of contemporary America; cousin may be pitted against cousin for the affection of a dominant grandmother or uncle. Family values and family codes take the place of individual ambitions and struggles. The force of a large household of this type is dramatically portrayed in G. B. Stern's novel, *The Matriarch*. Even in England the "family name" must be kept unsullied. Contrast with these commanding households the one- or two-child family living in an American city. The widespread practice of frequent change of residence relieves

the little group of immediate family ties. The sustaining and unifying power of neighborhood opinion, lumping members of a family together, is also removed. Parents and children live in social isolation with at most occasional hasty visits to relatives. Cousinship becomes a distant bond. The play of emotions is more and more restricted to the intimate family circle, emphasizing the patterns described by Freud and Adler. Thus the fundamental attitudes of the child toward the members of his family, and hence the self-ideas based upon these relationships, are in the last analysis a product of the family organization.

In a similar way the love life of young children varies greatly in different types of civilization, according to the sexual *mores* of the group. We have already studied the development of incest taboos among the Trobriand Islanders, and noted the contrast with the taboos of our own patrilineal society. Aside from the separation of brother and sister, and to a lesser extent of the boy from all his female maternal relatives, there is no taboo upon sexual play in Trobriand society. From a very early age the children indulge in overt heterosexual advances, while the adults look on with a tolerant and amused eye. It is probably noteworthy that homesexuality and sexual perversions are all but unknown. Frigidity in either male or female is unheard of. Similarly, in Samoa, free-lance sexual adventuring precedes formal marriage. Here, too, undesirable forms of sexual development are practically unknown, and monogamy after marriage is the rule.

This free development of the sexual instincts is prohibited in our civilization. Boys and girls are frequently segregated during adolescence and are usually chaperoned when they are together. All evidence of sexual interest is frowned upon and often severely punished. Moreover, the need for an elaborate educational and vocational training before an economically independent family can be set up has introduced a prolonged period of waiting between the time of sexual maturity and socially sanctioned marriage. Concomitantly we see in our clinics many cases of exaggerated masturbation, of sexual inversion and sexual delinquency. Among our adults we find many who are incapable of mak-

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ing satisfactory marital adjustments. On the other hand, only in our developed civilization do we come upon the phenomenon of romantic love. The emotional and ideal aspects of the sexual relationship seem to blossom as its physical directness is hampered.

At first sight religious beliefs may appear to be a very personal matter to us, but the merest glimpse at the historical background of religion reveals that they also are primarily social. In most primitive societies, before proselytizing by Christians has been attempted, there is one religion. Social custom prescribes the form of religious experience and the person who is unable to attain it is simply unfortunate. Among many American-Indian tribes the seeing of visions is a necessary part of the religious development of the young. The practice of fasting and self-flagellation and the influence of group suggestion tend to induce visions in the most phlegmatic of children. When the child, in spite of his best efforts, fails to experience the desired ecstasy, he may pretend to visions that he has never seen. Crashing Thunder, the Winnebago Indian who wrote his autobiography for Paul Radin, relates unblushingly how he deceived his parents with regard to his religious experiences. Not all Indian children resolve this problem so cheerfully. Many remain permanently abased and humbled by their inability to fit into the group religion.

During the Middle Ages in Europe, religious belief was also strongly unified. Mystical experiences were common. It is interesting to note that the same methods of fasting and asceticism were resorted to. Abnormal conditions, such as trances and epileptic fits, received the spiritual sanction and admiration that they are accorded in many primitive societies. In certain unified sects in our culture even to-day such experiences are prized. The child strives for true conversion and longs to feel a sense of grace. Like the Indian child, he may be humiliated by failure to measure up to the religious ideals of his group.

Gradually, however, the increasing complexity of social organization permitted the intrusion first of powerful heresies and later of religious tolerance. Under present conditions the child is subject to a type of religious conflict different

from that just described. He is given apparently free choice of a variety of religious beliefs. It is not unknown for his mother to be a Presbyterian, his father a Catholic, his aunt a Christian Scientist, and his uncle an atheist. The books he reads, his school and especially his college studies present him with a great variety of religious systems. But it should be held in mind that these multitudinous possibilities are not offered calmly for the child's rational choice. Each proponent of a given religion even to-day tends to consider it as the only path of salvation. His presentation of his religion to the child is more a matter of proselytizing than of simple explanation. The bonds of admiration and love between him and the child constitute a further influence toward the latter's acceptance or rejection of that particular brand of religion. Under these circumstances there is little ground for wonder if the child's religious development is turbulent. He is pulled hither and yon emotionally by conflicting religious ideas around him. In so far as religion is still a powerful force, it is likely to be a force leading to conflict.

Emotional reactions such as love between parent and child, amorous affairs, friendship, and religions are, then, determined to some extent by the culture in which they develop.

Certain group emotional differences seem so profound that they may be termed matters of temperament and are usually thought of as innate. Is this really so? The Hindu is contemplative and other-worldly; the Indian, stoic; the Negro, musical; the South European, passionate; the American, extrovertive and practical. Many theories have been adduced to explain these differences: climate, diet, metabolic rate, racial origins. Now it is altogether possible, indeed probable, that these factors are important. There is some evidence to show, however, that even such basic temperamental differences may be primarily the product of cultural rather than racial conditions. One psychologist administered a series of performance tests to groups of Indian and white children and found that the Indian children are more accurate, but slower than the white children. This finding is in line with the conception of the Indian as a slow-moving, stoical individual. A study of the background of the Indian

children, however, reveals that no premium is ever placed upon speed in the child's life. He sits for hours with a fishing pole in his hands and engages chiefly in plodding agricultural tasks. He is exposed to little or no competition. Moreover, it is considered impolite to say anything of which you are not sure. The children, therefore, are acting in accordance with their cultural background when they labor painstakingly and slowly to find a correct solution of a performance test, instead of adopting the quicker trial-and-error method to which white children naturally resort.

Competition is such a fundamental part of our civilization that we have been led to class rivalry as an instinct. In Samoa, in the Southwest, indeed in most primitive cultures, however, competition is discouraged. There is actually more sympathy and encouragement for the backward child than for the precocious child. Life in these communities is so simple, so stereotyped, so unprogressive, that conformity is a more desirable trait than outstanding success. Where social prestige consists in getting as many things done as possible, in acquiring a multitude of earthly possessions, the competitive spirit thrives. This tendency seems to be more a matter of group influence than of innate constitution.

Of course, deviating individuals arise in all cultures and usually have a tough time of it. In the Indian Southwest anthropologists have noted that there are a few children who are extremely energetic and full of initiative—just the type who would be big noises in New York. In their own tribe, however, they are foredoomed to social failure because their temperament does not correspond to the group ideal. In New York some children are found who do not care whether they win a basket-ball game or not, who are more interested in their thoughts than in getting ahead. These children would be ideal citizens of Taos, New Mexico, but are apt to starve in a garret in Greenwich Village.

In every group of human beings there is a large middle section, natively neither very active nor very slow. These average individuals easily take on the tempo of the culture in which they are born, so that in the Southwest they become slower and slower and in our cities become active and practical.

Occasionally cultural differences in temperament may be so extreme that to us an entire group may appear to have gone crazy. This is true among the Indians of the Northwest coast, who have developed a "paranoid" attitude toward life. Untoward events in a man's life are held to be a personal insult and must be avenged. If his favorite child dies, by whatever means, instead of mourning, he goes out and kills another person not necessarily related in any way to the death of the child. Then he goes home "feeling happy and satisfied." The insult has been avenged. These Indians are also given to delusions of grandeur, the usual obverse side of paranoia. In Dobu a similar society of paranoiacs has been evolved. Every one outside of one's own family is a witch bent upon one's destruction. The children adopt quite naturally and inevitably a set of ideas that in our culture would recommend them for commitment to an insane asylum. In Dobu, the generous, kindly, affectionate nature is the abnormal one. Apparently even sanity is to some extent a cultural concept.

Our problem children, therefore, are clearly in part a product of our social organization. Their training induces certain specific types of conflict. Their intimate emotional development is outlined by the structure of our family life, our sexual code, our religious confusion. Our group ideals determine temperament, or create problems for the child who cannot take on the tempo of American life.

There is a last troublesome question to be posed. Granted the cultural influence on behavior, what are we to do about it? Unfortunately we cannot easily revert to primitive religious unity or switch over to the matrilineal system. Social forms are for the most part too rigid for modification. Occasionally it may be possible to place the child in an eddy of the cultural stream where he may find the force of the current less fierce. A young girl came to the clinic suffering from a mild case of epilepsy. She was unable to hold a position or to maintain a normal social life in industrial America. In the Middle Ages, as we have seen, or in many primitive societies, she might have been a person of influence. This girl wished to enter a retired convent—that is, to place herself in a present-day environment approximating that of

the Middle Ages. She was heartily encouraged in her plan. The sheltered convent would provide the more peaceful waters necessary to the successful conduct of her life.

Even when adequate modification of the environment is impossible, recognition of the cultural cause of a child's difficulty may be the means of extending to him the comfort of sympathetic understanding. Through our insight into the mechanism of his problem, we may be better able to modify the child's reactions in the direction of the cultural pattern. In any case, the concept "cultural maladjustment" stirs up less emotion in us than "moral depravity" and paves the way toward rational treatment.

A PHYSICIAN LOOKS AT MENTAL HYGIENE *

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MENTAL hygiene is a new name for a very old concept. Philosophers through the ages have admonished us to see life as a whole, to avoid undue faith in any one of the successive avenues offered to us by learned men as certain roads to that nebulous goal called human happiness. Three hundred years ago, Francis Bacon complained that "men have abandoned universality, or *philosophia prima*: which cannot but cease and stop all progression. For no perfect discovery can be made upon a flat or level: neither is it possible to discover the more remote and deeper parts of any science, if you stand but upon the level of the same science, and ascend not to a higher science."

To the physician, mental hygiene provides a point of view, an eminence from which the scientist may examine the particular road he has so laboriously constructed across morasses and through mountains of rock, his purpose being not only to obtain a better perspective of his own handiwork, but to see it in relation to other routes, and to some goal which, while obviously not the ultimate end of human life, is nevertheless a worthy mark toward which to strive. The physician is not dogmatic about the nature of the ultimate goal; he knows that our conception of it changes, and that we cannot even be certain of what constitutes human progress. He knows that elimination of disease in one form is often followed for unseen reasons by increase in another. He does not deny, but he does not assert, that in the far future a human organism perfectly adapted to the world may emanate from greater knowledge and control of the

* This is the second of the series of articles that began in the January number of MENTAL HYGIENE with *A Philosopher Looks at Mental Hygiene*, by John Malcolm MacEachran. The third paper will be *A Psychologist Looks at Mental Hygiene.*

hormones and of other substances and processes. He does know that the present century offers a sufficiently great challenge which must be met before the objectives of succeeding centuries can even be formulated. Should we fear that lack of conviction regarding the ultimate goal of humanity will lessen our interest in research, we may read again the delicious comment made by Halsted at the end of one of his lectures: "Fortunately the ardor for research on our globe is not diminished by the conviction that we are laboring in the wake of workers infinite in numbers on countless worlds who have carried their investigations millions of years beyond the stage reached by us, and are rapidly progressing towards an ultimate solution which may never be reached."

With that point of view which mental hygiene fosters, the physician for the moment raises his eyes from the mass of apparatus and factual material with which past generations have endowed him. He sees in the world around him a complex which is more than the sum total of individual human organisms of the kind upon which his attention in the laboratory has been concentrated. In this world the person who is almost a perfect physical specimen, by all the tests of biology, can flounder as badly as the one who is obviously broken in body. The least goal that physicians as a group can set for themselves is the adjustment of human beings and the environment as it is to-day, so that men may have better opportunity for realization of those fundamental urges which constitute their being. Even with this relatively simple objective, the physician finds that medicine and biology do not offer him all of the essential tools. Only with a point of view such as mental hygiene stands for can he see the part that medicine in its narrower sense must play in human well-being and the manner in which it must be integrated with science and art as a whole.

Physicians in the past who have had the broad point of view of mental hygiene, though they were perhaps unfamiliar with the term, stand out as giants in the profession. The greatest of them, such as Osler and Mackenzie, are remembered as much for their broad humanity as for their specific knowledge of the human organism. Disease, to them, was never an entity to be described completely by means of a nomenclature familiar only to the initiated, but rather a

condition with broad ramifications in the fabric of society. In their day these men represented the apex of medicine. But since their time the frontiers have been pushed forward again, especially in the sectors we call chemistry and bacteriology. The profession has become immersed in this progression, with all of its implications. Countless narrow trails branching off the main route are being explored. So busily have many members of the profession been engaged in this detailed work that there has been danger of losing contact with the base of supplies and with allied groups in biology and sociology. Medicine, in the vanguard, has been losing touch with the rest of the army of workers with whom it should be consulting so that there may be some agreement in plotting the course, and greater strength and unity in following it. The mental-hygiene movement summons physicians and lawyers, teachers and preachers, economists and psychologists for counsel, in order that the frontier line may be straightened out again and a more concerted plan and effort used in meeting the problems of individual life and social organization.

The mental-hygiene movement has definitely stimulated the broader view now so important in medicine, but the point of view and its significance are not confined to medicine. It has been expressed with increasing emphasis by biologists and sociologists during the past fifty years. We find the physician William Stokes in an address in 1884, according to his biographer, stressing "the importance of unifying biological and medical study with those of divinity and law, the result of which should be mental enlargement and protection from charlatanism and falsehood. . . . The larger the mental culture, the better the soil which is to raise the seed of any special science, the richer will be the crop; the danger and safety of knowledge in however small degree is dependent on the previous condition of the mind that receives it and the spirit in which it is accepted and made use of."

Recently J. B. S. Haldane declared that "in biology we need men with a knowledge not only of the biological sciences, but of mathematics, physics and chemistry, and sociology. Without such supermen, biology will break up into a group of isolated sciences divorced from one another and from human life." John Dewey goes a step further and declares

that to understand the organized ways or habits of man we must go to physics, chemistry, and physiology. "Until the integrity of morals with human nature and of both with the environment is recognized," he states, "we shall be deprived of the aid of past experience to cope with the most acute and deep problems of life."

The purpose of mental hygiene is to bring together those vagrant branches of science, medicine included, which must be utilized in the constant improvement of the world as we find it, even though we cannot hope with the materials at hand immediately to satisfy the high aspirations of Plato's Republic or Bacon's New Atlantis.

It is not enough that the point of view of mental hygiene should be generally accepted. Physicians must consider the specific procedure by which knowledge of the interrelationship of economic, social, psychic, and physiological factors may be introduced into the practice of medicine to-day. This is a problem which has been of particular concern in the Yale University School of Medicine during the past ten years, and which has led to a number of innovations in methods of teaching, and to the establishment of the Institute of Human Relations.

II.

Arising out of a particular interest in the treatment of psychic disturbances, mental hygiene naturally emphasized the need for greater attention to the mind upon the part of physicians. This need was not as evident in the past century as in the present, because the physician's formal education until recent decades consisted essentially of didactic lecture courses over a period of approximately two years, and left the student to acquire practical knowledge after graduation. The physician's success depended to a considerable extent upon his personality, his ability to secure the confidence of his patients and to acquaint himself with their social background. To all intents and purposes, the physician of the past century was an empirical psychiatrist who achieved his best results through his general understanding of other than strictly medical matters.

Morbid mental conditions were not looked upon as they

now are. The prevalent designating term for such conditions was "insanity," the treatment of which was left to custodial institutions. The horrors of these "insane asylums," not yet entirely eliminated, made them pesthouses to be avoided by any person in his right mind. What the physician saw in these institutions inhibited him against any further interest in problems of mental derangement, and up to a decade or two ago, training in this field, even in the outstanding medical schools of the country, was confined to a few casual visits to hospitals for the insane. The field of mental diseases was not only disagreeable, it was also overshadowed by the unsurpassed opportunities in other fields created by the evolution of medical education during the final decades of the last and the first decades of the present century.

With the great changes in medical education, courses for undergraduates were lengthened to a four-year term in which the student was first offered precise science and then the application of such science to the diagnosis and therapy of abnormal physical states. All the newer methods of diagnosis and treatment were more immediately applicable to portions of the body other than the nervous system. The function of the brain and the morbid mental states were neglected, and the social and economic background of the individual, so important in a less scientific era, was almost entirely forgotten. Confronted with all the new knowledge available, the student of medicine found that he could become proficient even in a single aspect of medicine only after years of specialization following graduation, often at the expense of a broad interest and point of view.

The rapidly changing conditions of life, adding greatly to the difficulties of adjustment and the consequent strain upon the nervous system, increased still further the seriousness of the neglect to which psychic and social aspects of health had been subjected. The demand for individuals trained in the science of behavior became imperative as the inability of medicine to deal with health as a whole, and the ineffectiveness of custodial care of the mentally disturbed, became more apparent. In the effort to meet this situation, the success of prevention in the field of strictly organic ailments fortu-

nately pointed the way for an approach to problems of mental adjustment. Psychopathic hospitals were established to serve as clearing houses for mentally sick individuals. Here only those who gave promise of rapid improvement and readjustment were retained for protracted periods. Such institutions have marked a milestone for psychiatry. They have offered a refuge and a hope for individuals on the border line between self-sufficiency and insanity, and they have become training schools for young physicians interested in the more subtle factors of mental safety. In this way psychopathic hospitals have filled, in small part, a need that never could have been supplied through the unwholesome and uninviting atmosphere of the frankly custodial institution.

More important even than the establishment of psychopathic hospitals was the inception of the mental-hygiene movement, which soon insinuated itself into every form of practical health problem. It is understandable that psychiatry (and preventive psychiatry as represented by some aspects of mental hygiene) should have remained quite distinct from medicine, developing as it did from its own nucleus, at a time when the expansion of general medicine was absorbing the energies of medical scientists. However, this separatism seriously affected medical education. Older psychiatrists, trained in state hospitals and similar institutions, failed to appreciate the possibilities of a preventive psychiatry based upon scientific training; younger psychiatrists, on the other hand, frequently did not place sufficient importance upon the background of the older clinical psychiatry; and physicians generally, because of insufficient exposure, lacked both training and interest in mental disease. In spite of this, a few men attained a thorough appreciation of the necessity for a close association between the older psychiatry, the newer point of view of mental hygiene, and a sound training in the basic sciences. Intensive investigations in the structure and function of the nervous system were pursued to advantage and a body of knowledge was accumulated which should help to put the study of behavior on as firm a basis as that of the function of any single organ of the body.

III.

The teaching of psychiatry at the Yale University School of Medicine was of the traditional type for many years. Until 1924 it consisted of the usual course of didactic lectures, supplemented by occasional excursions to nearby hospitals. With full realization of the inadequacy of this training, it was determined as far back as 1920 to establish psychiatry on a level equal to other major clinical divisions of the school, such as medicine and surgery. In outlining the plans for such a development, it became evident that it would be advantageous to bring into closer association existing divisions in the university concerned with the study of the mind. These divisions were in themselves successful, but they were located in widely scattered buildings, they were handicapped by lack of facilities, and they had little connection with each other and practically none with the fundamental and applied biological sciences as represented in the School of Medicine.

Consideration of a plan by all interested groups for the establishment of the study of psychic aspects of health upon a firm foundation of fundamental science led to the concept of an institute of human behavior, to include the existing divisions in psychology and a new division in psychiatry. Because of the interest shown in the School of Law and the Graduate School, this idea was broadened to encompass the study both of individual and of social conduct. The result was the formation, in 1929, of the Institute of Human Relations, designed to foster the application of basic sociological and biological knowledge in applied fields, such as medicine, law, government, and industry.

A building was provided to house such existing units as the clinic of child development, graduate sections in psychology and anthropology, research divisions in sociology, law, religion, and industry, and the newly formed department of psychiatry and mental hygiene. This building forms a single structure with the laboratories of physiology, anatomy, biochemistry, and psychobiology. It is contiguous to the clinical laboratories of the School of Medicine and the associated hospital.

The Institute of Human Relations is thus an association of units concerned with the study of human behavior. All of

its members hold appointments in university divisions, and budgets are administered by these divisions. The Institute, as such, has no exclusive faculty or funds. It is not a separate school or department. Members are selected on the basis of their abilities in a particular field, plus their interest in the relationship of one branch of science to another. The importance of intellectual freedom, and the impossibility of enforcing coöperation in any degree between individuals engaged in research, is given full recognition. At the same time, the Institute encourages a close association between scientists in related fields by defining areas of common interest, providing facilities and materials which can often be used in common, and breaking down artificial barriers which so easily arise when there is little opportunity for personal contact. The only machinery of the Institute is a small executive committee, which does not interfere with the programs and interests of sections in the Institute, but does serve to establish functional, as well as informal, links between groups that have common interests.

We may now ask what has been specifically achieved by the Institute during the brief period that has elapsed since its organization. The department of psychiatry and mental hygiene has been established as a major division of the School of Medicine. To the department have been appointed the ablest men available for furthering the various clinical and investigative aspects of the field. The Institute building has provided ample laboratory facilities and residential quarters for fifty patients. These patients are selected largely on the basis of their importance to investigative work, and they include not only those with outspoken symptoms of mental derangement, but others presenting more subtle behavior variations. The department is not concerned exclusively with the study of mental disease, but rather with basic investigations of the factors that determine human personality.

To further this fundamental point of view, basic sciences, especially those dealing with the nervous system, have been greatly strengthened in the School of Medicine. The department of physiology has been reorganized and new personnel has been added to strengthen the work, particularly in neuro-

physiology. Modern facilities have been provided in the School of Medicine for this section, as for neuroanatomy and neuropathology.

In its clinical aspect, the department of psychiatry and mental hygiene has established itself firmly, both in instruction and in care of patients. Its members are definitely associated in these respects with the departments of pediatrics and of medicine, and a similar association with other departments, from which the request has already come, will be effected to the extent that available personnel permits. Selected students, some of whom will go into psychiatry and some of whom will enter other fields of medicine, are receiving special instruction in psychiatry. As far as the student body and faculty at large are concerned, the aim is to bring to each member the point of view of psychiatry in dealing with problems of human well-being. It is also important to note that obligations to the community, as far as this is compatible with teaching and research, are being met through a psychiatric outpatient clinic, and through affiliations with the Connecticut Society for Mental Hygiene.

It is scarcely possible to indicate all of the implications of the program in psychiatry that is gradually developing at Yale. The influence that it is having upon individuals in every group is already marked. A laboratory has been established with affiliations both in psychology and psychiatry. Through dual appointments, the study of normative growth in children and the work in pediatrics have been more closely linked. Students are realizing that psychiatry is vital to all branches of medicine, and that it is incumbent upon them at least to learn their own limitations in this field so that they may call for aid when it is needed.

This is not the place to deal in detail with the progress of other sections of the Institute, or with the projects that have been carried out through the coöperation of various of its sections. It is only natural that the Institute should have been criticized, on the one hand for being a service station to deal with the immediate problems of social and individual behavior, and on the other hand for not being such an institution. Needless to say, the Institute of Human Relations can be interested in immediate problems only to the extent

that this will serve to further fundamental knowledge of behavior, and to demonstrate the bearing of this knowledge upon the actual problems of human life. It is to be hoped that its special contribution, as distinguished from the contributions that might have been made by its individual members whether or not the Institute existed, may be in the direction of revealing that body of truth which seems now to lie hidden between the traditional branches of science.

The progress that so far has been made in the introduction of the study of the mind in medicine has served to accentuate the necessity of considering also social and economic factors in dealing with problems of human health. The importance of this consideration would seem to be self-evident, but it has been ignored generally in medical education. Certainly no school of medicine is well-rounded until its curriculum is based on the premise that mental, social, and physical factors are of equal significance. This does not mean that all of these factors must be considered in equal detail by the prospective physician, but surely a school of medicine is obligated to make clear to its students the fundamental truth that individual and social health are interdependent. The physician who does not know the basic principles of sociology and economics, and who cannot analyze with some understanding the world in which he lives, does not possess the highest potentialities for useful service. Medicine must concern itself with something more than the amelioration of physical or mental ailments, for these frequently have their roots in economic and social conditions.

It is the purpose at the Yale University School of Medicine to introduce into the medical curriculum a consideration of the fundamental principles of sociology. The way has been paved for this development by the condensation of subject matter in medical courses to the point where the average student can do required work in half of his available time. A general course in sociology, consisting largely of practical demonstration and discussion, will be offered during the first two years, and clinical sociology will be established as one of the divisions for giving instruction during the last two, or clinical, years. It will be the function of the staff in clinical sociology to participate in the care of patients

to the same extent as other departments, such as medicine, surgery, and psychiatry. Staff members will act as consultants when the need for their special knowledge is indicated. They will take part in clinical conferences in which sociological factors bearing upon the condition of particular patients will be given the same consideration now accorded physiological and psychological data. The work of the clinical-sociology department will obviously differ from medical social work of the type now prevalent in hospitals, in that its purpose will be primarily teaching and research, to which the care of patients will be incidental.

After many vicissitudes, medical education has become established in this country as a university function. The guiding principles of a university are liberty, tolerance, and disinterestedness. The purpose of a university is to seek the truth. Professional education is distinct from other branches of higher education in that it not only seeks abstract truth, but also endeavors to train men for immediate service to society. There is nothing incompatible with truth-seeking in this element of usefulness, as has been demonstrated by the additions to scientific knowledge made by schools of medicine. On the other hand, the spirit instilled into medical education by its association with the university has lifted this field above the plane of mere technical training and has tended to make of medicine a profession for social service, rather than a trade for private gain. As long as medical education has for its sincere purpose "to aid and protect mankind," an objective clearly enunciated by its great leaders, as long as it respects intellectual freedom, it will continue to further the cause of truth.

Acceptance of this goal throws upon medical schools the obligation not only to conduct teaching and research in specific biological sciences, but also to consider those broader problems which have to do with the manner and spirit in which medical service shall be made available in the community. Skill and knowledge in medicine do not serve their highest purpose unless they can be placed within the reach of all who need them. The professional status of the physician, and the relationship between the physician and the patient, must be protected; and to this end it is essential that

the complex problems of business and social organizations involved in making medical service available to all on an equitable basis should be dealt with effectively. In touching upon these problems, the school of medicine must be actuated by the same disinterested desire for truth that has characterized its progress in the biological sciences. The stimulus for this approach, which comprehends not only medicine as an entity, but its meaning to society as well, has come in no small measure from the point of view vitalized by the mental-hygiene movement.

THE MIND IN GOVERNMENT

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THE weakness of representative government lies in the fact that men differ in mental make-up and that no man can readily represent another man's mind. A representative is a substitute, but a man cannot substitute for another in matters of deliberation and counsel unless he understands the other's psychology. However honest the representative may be, he will find it difficult to interpret the feelings of men who are unlike himself. In all probability, therefore, he will study his own inclinations and leanings, and will accept his conclusions as valid for the larger group that he represents. As an ordinary human being, he could scarcely do otherwise.

Yet there are marked differences in human minds. To illustrate, a policeman, with his aggressive make-up, is different from a waiter, who is willing to make himself subservient. These men are psychologically dissimilar and they have different attitudes toward life. We cannot imagine policemen and waiters substituting for each other. If they were to engage in each other's work, the policemen would be urging the diners to hurry with their soup, while the waiters would be bowing the bandits into their automobiles. The imaginary situation is absurd.

None the less, the absurdity exists in actual situations where matters of representative government are concerned. The representative system of government does not require that a man represent the minds of those who have elected him, but merely that he represent them numerically. One man stands for a hundred others, or a thousand others, and therewith the system is complete. Psychologically, the group may be misrepresented, for the leader may be the most aggressive figure among them, with mental processes that set him apart from the majority.

We can put this in another way by saying that the ability to lead or dominate a group does not necessarily carry with

it the ability to represent or interpret the group. The group divides itself naturally into the few "aggressives," to whom leadership is welcome, and the many "recessives," to whom leadership is unwelcome or impossible. As a matter of course, the aggressives will be the dominant figures, but their leadership is likely to be an expression of their own virile spirit and not a studied thoughtfulness for the other members. Such leadership can be exemplified by a simple illustration.

When sheep are pastured in mountainous country, the ranchman sometimes puts a few goats with them in order that the goats may act as leaders. As a rule, everything goes well, but sometimes the goats lead the sheep into rough country, and the sheep injure themselves or lose their lives. Meanwhile the goats are safe because of their greater agility.

Here we have an outstanding example of leadership. The goat is an aggressive, and he furnishes leadership for the sheep, who are recessive. Nevertheless, it cannot be said that this leadership is identical with representation. Even if there had been some kind of election among the sheep and goats, with the goats securing the offices, it could not be said that the goats represented the sheep from a mental point of view, but merely that they held positions of leadership under a numerically representative scheme.

The situation is similar with human beings. Temperamentally the majority of us are sheep. We are recessive in make-up, and we have a strong aversion to making ourselves conspicuous and to undertaking leadership even in minor capacities. If we venture into meetings, we avoid the front seats and remain mute during the proceedings. Meanwhile, our leaders recruit themselves from a small group of men whose mental and emotional life is different from our own.

The very fact that these men offer themselves for leadership marks them and removes them from the self-effacing majority, and at the outset a situation is created in which it is unlikely that the majority will receive psychological representation. It may be the intention of the leaders honestly to represent the majority, but these leaders are handicapped by being of a different mold, and it is improbable that they will rightly interpret the minds and feelings of their constituents.

This mental incompatibility is found both in minor and in

major forms of government, but it is in major government that there are major consequences. Let us suppose that a national leader is thinking in terms of war, while his passive constituents are engrossed in the arts of peace. If the leader is sufficiently dominant, he compels events in the direction of his own will, and the nation soon finds itself at war in spite of its peaceful temperament. In this connection one may well express a doubt whether any nation would ever have fought another nation if the people had followed their own inclination rather than the will of their leaders.

Mental misrepresentation is at its worst when a people is ruled by a dictator. The dictator reaches his position of dominance by reason of his aggressive personality, and he must necessarily possess in a marked degree that militant spirit that sets him apart psychologically from the people whom he governs. Even the hereditary absolute monarch might be less dangerous as a leader, for the monarch obtains his leadership by an accident of birth, and it is not impossible for his mental and spiritual life to be identical with that of his people.

In practice, individual leadership has shown itself to be dangerous; hence most nations have established group government through the agency of parliaments, legislatures, and the like. This representative government has come to be regarded as a hallowed institution, for it seems to signalize the fact that the common people are now free from the tyranny that was conspicuous under the monarchies of former centuries. But representative government also has its tyranny; under such governments we have in recent years had the tyranny of the World War.

After all, the form of government is not the most vital thing, for with any form of government, leadership seems to go to those who are most eager to assume it. The world's history is a record of the doings of the aggressives, while very little is known of recessive lives in any but contemporary times. Under all forms of government the aggressive mind has dominated, and modern governments have perpetuated the weaknesses of older governments by continuing their emphasis upon aggressive qualities in various representative schemes.

The redeeming feature in representative government is that it does not necessarily silence the more modest virtues, even though it places undue emphasis upon dominant spirit. It is even conceivable that the gentleness and forbearance of the recessives might on rare occasions become paramount in a governing body. If this were to occur, we should have a new form of government, "interpretative government," which would be representative government in its ideal form.

To establish interpretative government—government that would give psychological representation and not merely numerical representation—a nation would require some form of legislative jury that could ratify or veto the acts of a more aggressive body. An arrangement somewhat of this character has been arrived at quite by chance in the British parliamentary system of government. The lower house, or House of Commons, is elective, while the upper house, or House of Lords, is hereditary. The result seems to be that while the lower house is made up of aggressives who offer themselves for leadership, the upper house is composed of milder and more reticent members, who come nearer to representing a cross section of the British race. In actual practice, the hereditary house is found to be less assertive than the elective house, and instead of initiating and urging quantities of bills, it tends rather to supervise and revise the legislation that comes to it from the lower house. In a sense, then, the House of Lords has the function of our hypothetical legislative jury, though it differs from the jury in that it retains the power to initiate legislation. Also, the House of Lords is an aristocratic body instead of a democratic body; thus it is not representative in a sociological sense. Nevertheless, it gives representation to recessive opinion.

In criticizing the views here presented, one naturally asks one's self whether a people would not tend to regress if it ceased to maintain aggressive leadership. Undoubtedly this would be the case if leadership were curbed in all directions. But a legislative jury would do nothing more than impose a check upon political aggression; meanwhile, there would be no influence to retard a nation's growth in industry, education, science, art, morality, and in all those things in which a people's true greatness inheres.

It would be trivial, of course, to suppose that a change in government systems is to be effected by merely analyzing their weaknesses. Changes in forms of government are like changes in geological formations—they result from great pressure, or from the erosions or deposits of centuries. Yet change is inevitable with the passage of time, and just as recent centuries have made government more representative, so future centuries may make it more interpretative.

EDUCATION OF THE PUBLIC IN MENTAL HYGIENE *

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A RECENT cartoon shows a pair of city trash collectors atop their truck busily unloading household refuse, while one calls to the other, "Say, Joe, watch out for an April number of *Psychology* for me." If timeliness is a prime essential of good publicity, mental hygiene looks promising. For better or for worse, psychology has become popularized, not to say vulgarized. Even if it is not as yet a subject of general interest among trash and garbage collectors, psychoanalysis is *the* topic of smart conversation. The inferiority complex and all his little brother and sister complexes are trotted out to do their conversational stuff in drawing-rooms, in dining rooms, in club rooms and hotel lobbies up and down the land. In the columns of our daily newspapers, on the bright jackets of books, in works of fiction and popular science, in magazine features and stories, in the cleverest ads, in the ultra-modern pages of *The New Yorker,* and in every problem play on Broadway, mental hygiene in some guise or other confronts us. Even when we sit quietly at home and try to forget it all, mental hygiene is apt to come at us over the radio. Yes, it is true, the inferiority complex, the Œdipus complex, and their like are bad enough, but probably the worst of these is the complex complex.

We may deplore this extensive popularization. We may see all manner of evil in the smattering misinformation that passes for mental hygiene. Still, it is perhaps not altogether perverse and abnormal that people should be interested in themselves and in the way they get themselves across to others. To be healthy-minded, we are told, we must not avoid reality, but must rather face facts and make the best of them. This is a fact that we must face.

* Read at the Fifty-eighth Annual Meeting of the National Conference of Social Work, Minneapolis, June 15, 1931.

Some of our best psychiatrists, more keenly observant than the rest of us of the very real injuries to personality that result from psychological manhandling, want to call a halt to mental-hygiene propaganda, even of the legitimate variety. Mental hygiene has been oversold, they say. A demand has been created out of all proportion to the extent to which we are able to deliver. Therefore, even if we cannot entirely call back the interest that has already been created, let us do nothing to create a further demand or interest. Let us stay put until our legitimate facilities have had an opportunity to catch up with the demand.

On the other side are those trained in publicity and public relations, frankly unlearned in the intricacies of psychiatry, but possibly more skilled in interpreting popular psychology, who believe that it is both impossible and undesirable to stifle the widespread interest in everything psychological, and who see not only the necessity, but the opportunity of harnessing and directing that interest for the good of the individual and of society.

Perhaps a partial solution of this seeming difference of opinion is to be sought in an analysis of the statement that mental hygiene is oversold. This statement usually means that mental-hygiene services, of which out-patient mental clinics may be taken as one example, can at best be developed very slowly if proper standards are to be maintained. The extension of such clinics is limited by available funds, by the all too slowly growing number of trained workers, and also by the number of communities in which social work has achieved sufficient development to ensure the necessary coöperation.

Generally speaking, it is true that we cannot yet deliver on anything but a most limited scale actual professional services in extramural psychiatry requiring skilled personnel, such as well-trained psychiatrists, psychologists, and psychiatric social workers. Those who believe that mental hygiene is oversold in this sense fear that the creation of a demand before proper facilities exist to meet that demand, not only invites the development of misguided, half-baked, even though well-intentioned ventures in mental hygiene, but also opens a wide field for quacks and charlatans who are only too ready to exploit all possibilities. Such a situation might be

compared to the widespread national advertising of a highly desirable article the production of which is, however, so limited that it is on sale in very few places, with the result that people elsewhere, having been convinced of their great need of the article, are buying inferior or spurious substitutes.

It is not to be denied that there is real danger in creating a demand on which we cannot properly deliver. And yet that demand exists. I doubt whether anything we can do will diminish it. The greater danger lies in permitting illegitimate facilities to outrun the legitimate. When the public wants something as badly as it seems to want mental hygiene, it is probably going to get it in some form or other. The task of the organized mental-hygiene movement is to look that fact in the face and to deal with it as best it can.

Already the mental-hygiene movement has made appreciable progress in removing many of the ancient superstitions and prejudices that in the past surrounded mental illness and that resulted in abusive and inhuman treatment of the mentally ill. As the result of a concerted effort since the mental-hygiene movement began, people generally are now being brought to look upon mental disease as comparable to physical disease, and upon the mentally ill as deserving of sympathy and scientific treatment fully as much as the physically ill. The public is beginning to realize also that mental diseases, like physical diseases, are subject to cure and improvement, as well as to prevention. In bringing about that more enlightened attitude, mental hygiene has achieved its most notable success in the educational field.

We have also gone one step further, and are succeeding increasingly every year in persuading the general public that there should be no hesitation about seeking early and expert treatment for mental illness—that there is no more disgrace in going to a mental specialist for the treatment of a mental or nervous condition than there is in going to an orthopedic surgeon for the treatment of a broken leg. The advantages of the prevention and early treatment of mental illness, in forestalling serious breakdowns of personality and in obviating long-continued hospital treatment, have been sufficiently indicated by the splendid results already obtained in clinical work and private practice.

In the light of these developments, it is simply unthinkable that we can stand up and say to people who are in genuine need of psychiatric help: "It's just too bad. We have sufficient facilities to help a few of you who live in the larger centers. The rest of you, for the present, will have to worry along until you get bad enough to be committed to a state hospital." We simply cannot do that. In psychiatry we have something that certain people need desperately. When we read daily in the papers of suicides, homicides, and other lesser tragedies that result from the failure to secure adequate or proper treatment and guidance for cases of mental illness, we must certainly feel that we cannot withhold from people generally the advice that mental troubles are not to be trifled with, and that expert psychiatric treatment should be sought promptly. This places a primary obligation upon the mental-hygiene movement to do its utmost in the development of adequate treatment and preventive facilities.

One of the most important publicity and educational functions that can be undertaken in the mental-hygiene field is the creation of a strong public opinion that will lead to the appropriation, not of niggardly, but of liberal sums for community mental-hygiene work. As to the objection that, even if such appropriations are made, skilled personnel is not available in adequate numbers to carry out such a program, I would say that by and large our supply of trained workers will not increase unless the demand keeps constantly ahead of the supply.

Instead of calling an indefinite halt while we wait for personnel and facilities to catch up, I am very certain that progress lies in forging ahead. If we move courageously forward, the personnel and other needful things will follow. If a sufficient number of attractive positions in the psychiatric field are created, it is inevitable that a number of our more promising young men and young women will be attracted into these fields, and that adequate training facilities will be made available for them. But the definite opportunities must be there first. Let us, then, continue the good work, on the one hand, of advising people to seek expert help when they need it, and, on the other hand, of bringing to bear the most effective pressure at our command to secure the necessary public

and private appropriations for adequate preventive and early-treatment facilities.

Let us not be deceived as to what happens when the legitimate mental-hygiene movement fails to meet this public demand. The *New York Herald-Tribune*, in a recent editorial, tells us in no uncertain terms what will happen, what is happening now:

> "Misinterpretation [of mental hygiene] is fostered for profit, in every city in this country, by a great army of tinkers with human mentality who operate, unqualified and unlicensed, in the shadow of psychiatry. These tinkers cannot call themselves psychiatrists because they have no medical degree; but there is nothing to prevent any solemnly glib practitioner of what they safely call 'psychology' from tampering with the sanity of the neurotic or dyspeptic or simply tired and lonely person who falls into his clutches—at fifty a consultation. New York is full of these ultra-modern witch doctors, because it is full of tense, unsunned, unexercised people, with minds so feverishly active that they cannot relax and bodies so ill kept that their nerves are always a-jingle. It is to these people that the quacks, with the Viennese hotel stickers on their handbags for diplomas, reveal their 'maladjustments,' and whom they demoralize and ruin with the fears and horrors that they conjure up."

It must be admitted that even legitimate mental hygiene is sometimes oversold by many of its would-be friends who too eagerly embrace it as an almost infallible remedy for the ills of human personality and make extravagant and preposterous claims for what it can do. This is a form of overselling that might well be discouraged.

There is another and even more serious way in which mental hygiene may be oversold, and probably is being oversold. That is, to create among large numbers of intelligent, reasonably normal people an over-awareness of their mental processes and a tendency to self-analysis and self-excuse in psychiatric terms.

Take the talk about the difficulties of adolescence, for example. The following comes not from a humorous magazine, but from real life. In a college professor's family, the mother was having an intimate little chat with her only child, a daughter of twelve years.

"Wouldn't it be lovely, daughter," she said, "if we were to have a baby in the family?"

The daughter puckered her brow and pondered. At last she said:

"Well, I'm not so sure, mother. You know I am getting into adolescence, and don't you think you'll have your hands pretty full taking care of my problems?"

Again, with regard to the problems of young people and adults, many lay people who keep up with psychoanalytic literature and lectures, some sound and some unsound, are in real danger of being too conscious of their unconscious. In their self-interpretation or misinterpretation of the significance of all that they read and hear, many suggestible and unstable persons are likely to get a seriously distorted view of themselves and their problems. Especially is this true of the interpretation by the layman of all that is written on the pathology and the symptomatology of the mind and nervous system. Laymen, and especially comparatively young people, who read this kind of literature are easily led into self-diagnosis. They look within themselves for signs and portents of the disorders of which they read. They become unduly aware of their own nervous and mental mechanisms, which would doubtless function much better without such awareness, and finding within themselves by self-diagnosis what they believe to be personality and social shortcomings, they build up terrific feelings of inferiority, if not an inward, but unspoken dread of insanity. Where, then, is their mental health? All too few of those who reach this stage seek the help of qualified psychiatrists. The rest either worry along or fall into the clutches of questionable practitioners. In either of the latter courses peril lies.

The remarkable obituary of himself which that brilliant young caricaturist of international renown wrote just before he took his own life in New York City a short time ago is revealing. He was apparently well read in the kind of literature of which I speak. To quote from his self-written obituary:

> "Any sane doctor knows that the reasons for suicide are invariably psychopathological, and the true suicide type manufactures his own difficulties. . . . I have always had excellent health, but since my early childhood I have suffered from a melancholia, which, in the last five years, has begun to show definite symptoms of manic-depressive insanity. It has prevented my getting anything like the full value of my talent, and the past three years has made work a torture to do at all. It has made it impossible for me to enjoy the simple pleasures of life. I have run from wife to wife, from house to house, and from country to country, in a ridiculous effort to escape from myself."

Without knowing all the facts in this case, it seems apparent that this brilliant man would have been better off with less psychopathological information and more real psychiatric treatment.

Familiarity with symptom complexes possibly furnishes many of us with too many handy excuses for ourselves and for our failures. There is real danger of becoming too concious of all of the mental kinks that each one can find within himself.

> "And thus the native hue of resolution
> Is sicklied o'er with the pale cast of thought,
> And enterprises of great pith and moment
> With this regard their currents turn awry,
> And lose the name of action."

There is too much of lying down on psychiatry as a reason for not meeting squarely the issues of life. Surely, for most of us, ignorance as to actual psychopathology is bliss. Please understand that I am here speaking of the self-interpretation and self-application of the science of mental pathology by the layman, or its misinterpretation to the layman by quacks. I am not referring to the individual who seeks to resolve his conflicts under the expert direction of a qualified psychiatrist or psychoanalyst. That is quite another matter.

If some of our efforts at public education in the past have been misinterpreted by many people and have led them to put a wrong or undue emphasis upon things psychiatric, that is no good reason for calling a halt to further educational and publicity work. It is all the more reason for doing a more careful and thorough educational job in the direction of counteracting any wrong impression that may have been created, and of giving people a more sane and sensible point of view with regard to the whole subject.

Plenty of good publicity ammunition might well be used in warning the public away from all the illegitimate exploiters of things psychiatric. At the same time, the public might advantageously be informed as to what training and qualifications are implied in the terms psychiatrist, psychologist, and psychiatric social worker. Otherwise, how can they be expected to discriminate?

While we are debating whether mental hygiene has been

oversold because of its limited facilities, the exaggerated claims of would-be friends, or the undesirable effect which the more pathological aspects of the subject are apt to have on the layman, the field of greatest opportunity for educational and publicity work in mental hygiene lies wide open. Mental hygiene, real mental hygiene, has not been oversold. Mental hygiene means not mental disease, but mental health. It is primarily concerned with the normal, not with the abnormal. It is, or it should be, positive, not negative, in its approach.

In positive education toward healthy, normal living lies the greatest field for mental-hygiene publicity, and that field is unlimited. The time and place are here and now. Let's leave psychopathology and all that needs to be done about it to the research specialist and to the clinician and private practitioner in their personal and confidential relationships with their patients. Psychopathology is a vastly intricate subject, presenting a pattern that varies widely from individual to individual. It is nothing about which to broadcast through any publicity medium.

In contrast with the intricacies—one might almost say the mysteries—of mental pathology, the positive educational aspects of mental hygiene are relatively simple, understandable, and susceptible of being developed into general principles of living, of being made the basis of popular education, and so of being usefully applied in the lives of all people. In this contrast between the pathological and the normal, between the curative and the preventive or the positive, mental hygiene is not unique. The same thing is true of every other phase of health or social work. As Homer Folks stated in his Presidential Address at the Fiftieth Annual Meeting of the National Conference of Social Work:

> "The cost of the funeral of one victim of typhoid would pay the bill for chlorinating the water supply of a great city, which takes effect instantly. Schick testing and immunization against diphtheria are among the simplest things a doctor does; but the treatment of a serious case of diphtheria is an heroic undertaking. Preventive dental hygiene requires little skill, and is quick and painless; fillings and extractions are difficult, painful, and even dangerous. The cost of probation is a mere fraction of the cost of institutional care; but even probation gets into action rather late, when much damage has been done. The earlier and broader measures of recreation, health, family preservation, and early discovery and care of mental defect, are the real prevention of delinquency.

> "In fact, the preventive program possesses those virtues which we have found measurably lacking in cure and correction. Cure or correction is, as a rule, uncertain, incomplete, temporary, expensive, and slow. Prevention, on the other hand, is relatively certain, complete, permanent, cheap, and quick."

Mental hygiene may be defined in terms of the ability of people to get along together in this world. Mental hygiene is a matter of social relationships, of the adjustment of one personality to another. A person may be individually as queer as Dick's hatband, and yet, if he leads a hermit's life and does not come into contact with other human beings, he may be perfectly satisfied with himself, and the rest of the world has no quarrel to pick with him. In other words, his peculiarities create no problem unless he comes into contact with other persons.

Most of us are not hermits, however. To the average human being, the companionship of others is absolutely essential, and solitary confinement is the worst punishment that man can suffer. To paraphrase Aristotle, "Man is a social animal. He that can live outside the pale of society must be either a beast or a god." So mental hygiene in its broadest sense aims to develop the social type of personality, the type of personality who realizes that his own best interests and those of society are one and the same and who, therefore, so adapts himself to others that he can live peaceably and happily with his fellow men and work with them for common ends. We all well know that real mental-hygiene treatment does not consist of a prescription that can be filled at the corner drug store. It does not consist, save in certain neurological cases, of any physical treatment of the brain or nerves. What it does consist of is usually a series of recommendations for reëstablishing the individual's contacts on a more normal plane with all those about him—his family, his friends, his fellow employees, and so forth. In short, mental-hygiene treatment is essentially social.

In this sense mental hygiene is more than curative, more than preventive; it is a positive socializing force. Its great mission is to become a useful part of all those forces in society, which, from birth on, aid in the process of socializing us, of changing us over from savages to civilized human beings—such great social forces as the home, the school, the

church, and indeed, government, organized social work, industry, and the like.

Here is the answer, it seems to me, to the statement that mental hygiene is oversold in the sense that we have not enough experts to go around. A great deal that mental hygiene has to offer people in positive educational ways does not call for mental-hygiene clinics or lengthy sessions of psychoanalysis. More and more the leaders in the mental-hygiene field are recognizing that even twenty-five or fifty years from now, when a much larger number of our most promising young men and women will have been attracted into the psychiatric field, the number of trained specialists will doubtless still be extremely limited compared with the broad scope of mental hygiene. They, therefore, recognize that if the principles of mental hygiene are to be applied on a sufficiently extensive scale to be really significant in their effect upon the mental habits of people generally, these principles, for the most part, will have to be applied by persons who are not specialists or experts. They will have to be applied by everyday people in everyday life, and especially by those who are counselors and preceptors for others, beginning with parents and teachers and including physicians, social workers, ministers, and many others. It is not expected of these people that they will ever become familiar with the intricacies of psychiatry, but it is expected that they will become familiar with and sufficiently imbued with some of the simpler, but nevertheless highly significant fundamentals of positive mental hygiene to reflect and practice those principles in their contacts with others.

Moreover, unlike the highly individualized study and personal contact with the psychiatrist that definite problems of personal maladjustment require, these positive educational principles of mental hygiene, when suitably adapted, are capable of application to entire groups. There are positive principles of child guidance, for example, lying back of all life experience and parent-child relationships. That is why this kind of positive mental-hygiene material, in contrast with the correction of individual difficulties, is peculiarly adapted to publicity and educational use.

A classic example of the sort of simple and understandable

suggestions for mental health that lend themselves admirably to publicity and educational uses is Dr. Douglas Thom's leaflet, *Habit Training for Children.* There you have the kind of positive, practical, usable mental hygiene which is all too much undersold. It is applicable to parent-child relationships generally. This kind of mental hygiene cannot be oversold because it is not dependent for its application upon experts or clinical facilities, but consists of concrete suggestions by which any open-minded parent can be helpfully guided in meeting the many different issues that constantly arise in the rearing of the most normal child. It is not, of course, expected that any parent will become 100 per cent perfect in applying all the wisdom that is contained in Dr. Thom's pamphlet, but on the other hand I fail to see how even one reading of such a pamphlet by any parent who has reasonable intelligence and a desire to do the right thing by his child can help improving very considerably his batting average as a parent. This is the kind of educational material that, instead of putting more of a tax upon our limited psychiatric facilities, ought really to be the means of preventing the occurrence of problems that demand the attention of specialists.

It is not without significance that the Thom leaflet on habit training has been by all odds the best seller in the mental-hygiene pamphlet field. Over 300,000 copies of this pamphlet have been distributed to date, most of which have been bought, not given away. It has also had an extensive circulation in foreign countries, having been translated into several languages. In addition, Dr. Thom's habit-training material has been widely distributed in other forms, notably in the bulletin issued by the Federal Children's Bureau and in his books. The widespread demand for this kind of educational material is a very encouraging sign, showing that there are ample opportunities for the right kind of education in mental hygiene.

This brings us face to face with the whole movement for parental education and child study, which has had such a remarkable development in the last few years. It is impossible in this paper to deal with that very extensive movement, and with the vast amount of educational work that has been

carried on in connection with it. A special subcommittee report on "Types and Content of Parent Education" has been made in connection with Section IIIa of the White House Conference on Child Health and Protection.

The organized national groups in the field of parental education, such as the National Council of Parent Education, the Child Study Association of America, the National Congress of Parents and Teachers, and the American Association of University Women, together with local groups, have naturally been able to carry out a much more extensive educational program with parents than could have been accomplished by the unaided efforts of organized national and state mental-hygiene societies. Much of the stimulus to parental education, however, and much of the material that has been adapted for such use, has come from the organized mental-hygiene movement. While there has been in this sense a close kinship between the two movements, parental-education groups have had less direct guidance and help from mental-hygiene leaders, particularly in the clinical field, than they themselves have desired. If parental education is to continue in the right direction, it is highly important that it should have the active leadership of those who are professionally trained in psychiatry, psychology, and psychiatric social work. It should not become a detached lay movement, even though a certain number of lay leaders, adequately trained, may be utilized.

Here, again, a note of warning is in order. To convince a mother so thoroughly of the great importance of habit training that every time her youngster sticks his fingers in his mouth or refuses his food she thinks it vitally necessary to get him at once to a habit clinic or a habit-training specialist, is carrying a good idea a bit too far. I fear that, although it is not so intended, some of the educational work in mental hygiene and parental guidance is apt to have this effect. In fact, I think that we may have gone so far at times in impressing parents, and especially mothers, with the terrific responsibilities that rest upon them in molding the character and personality of their children, with the tremendous significance of everything that happens in the first six years of the child's life, that we are in danger of creating more mental

and nervous problems among mothers of certain types than we have attempted to prevent among children. We are sometimes so anxious to get our message across and to make it impressive that we overlook the psychology of the mother herself, and the danger that she may be given an exaggerated sense of her responsibility.

Among the syndicated newspaper columns in the field of parental education and mental hygiene, probably the best known are those of Angelo Patri, Garry Cleveland Myers, and Joseph Jastrow. These three columns contain acceptable material and doubtless serve a useful purpose in reaching many parents with less education and social status than the type that is apt to be active in parental and child-study groups. Our college-graduate mothers and others who keep up with newer developments by reading and participation in community movements appear to be pretty well supplied with information on child training, without saying how successfully they all practice it. The great mass of mothers who, even if they would, are too busy and overburdened to attend child-study meetings, and who find scant time for reading, have not as yet been reached as effectively and widely as might be desired. Newspaper columns probably reach many of this group, and the Federal Children's Bureau has made a special effort to reach them. As a result of the various educational methods employed, the movement for parental education is having a very wide and on the whole desirable influence. A significant fact is that the demand for such education has come from parents themselves. Intelligent parents, reading of mental hygiene and psychology, have not waited for the mental-hygiene movement to come to them. They have gone out to meet it.

The dearth of literature and other educational media specifically designed to give the teacher in the classroom a practical working use of positive mental-hygiene principles is in sharp contrast with the large volume of useful educational material in the parental field. Several very recent attempts have been made by mental-hygiene workers to cover this field more adequately. One such is the special publication for teachers now being issued under the auspices of the

Massachusetts Society for Mental Hygiene, entitled *Understanding the Child.*

The National Committee for Mental Hygiene has published two pamphlets for teachers quite similar in style and treatment to the Thom leaflet for parents. Like that pamphlet, they are positive in their approach; they concern normal children. They will fill a real need. Both come out of practical experience in applying mental hygiene in the classroom. The one entitled *Behavior Problems of School Children* was prepared by a group of psychiatric social workers and visiting teachers who have been conducting mental-hygiene demonstrations in the public schools of Syracuse, New York. The other, *Mental Hygiene in the Classroom,* was prepared by the Department of Child Guidance of the Board of Education of Newark, New Jersey, where a successful child-guidance clinic has rendered service for some years.

A child-guidance clinic is a highly essential part of a school system. Yet one or more child-guidance clinics will be able to give direct service to only a small fraction of the school population. Probably the most important function of such a clinic, without minimizing its service to individual children, is its educational influence upon the teaching personnel of the school system, for in the final analysis, mental hygiene is capable of being applied generally to school children only by the classroom teacher. Similarly, all our best educational efforts should be brought to bear upon prospective teachers in normal schools. To many of us it seems obvious that courses in mental hygiene should be an integral part of the normal-school curriculum.

In like manner there is a distinct place for mental-hygiene education as specifically applied to religion, to social work, to industry, and so forth. Some promising steps have already been taken in relating mental hygiene to each of these fields.

The National Committee for Mental Hygiene, in coöperation with the New York City Committee on Mental Hygiene of the State Charities Aid Association, has recently completed a thorough-going survey of educational methods in mental hygiene. The report of the survey is as yet unpublished, and I am indebted especially to Mrs. Grace O'Neill,

who directed the survey, and to Dr. George K. Pratt, who planned and supervised it, for permission to summarize some of its findings as to the educational methods and policies now being utilized by state mental-hygiene societies, state departments for mental hygiene, and mental-hygiene clinics.

As to the objectives of educational work, state societies for mental hygiene attach first importance to the following things in the order named:

1. Teaching care of the mental health of children.
2. Promoting the organization of mental-hygiene facilities.
3. Promoting lecture courses.
4. Coöperating with other organizations in promoting educational projects.

State departments of mental hygiene named as objectives in order of preference:

1. Teaching the prevention of mental disease.
2. Teaching care of the mental health of children.
3. Promoting state legislation on mental hygiene.
4. Promoting the organization of mental-hygiene facilities.

Mental-hygiene clinics emphasize especially one objective: teaching care of the mental health of children.

In regard to choice of media for educational purposes, all three groups—state societies, state departments, and mental-hygiene clinics—use most frequently lectures and single talks before lay groups. Next in order of use by state societies are form letters, newspaper and magazine articles, radio talks, personal interviews, distribution of popular literature, and attendance at staff meetings of teachers, nurses, physicians, and social workers.

Next to lectures and single talks, the state departments and mental-hygiene clinics place the greatest emphasis upon personal interviews and attendance at staff meetings.

A total of 1,810 single talks on mental hygiene were given in 1929 by 32 mental-hygiene agencies, or an average of 56 talks per organization reporting. The state societies apparently place the greatest emphasis in these lectures upon

reaching parent-teacher and parent groups, rather than the general public. State departments apparently direct more of their lectures and talks toward the general public. The clinics divided talks under their auspices about equally between general groups and parent-teacher groups. Other types of audience reached by mental-hygiene agencies include vocational counselors, medical students, university-extension students, Boy Scout leaders, police, and city clubs.

The continued use of single talks and lectures by state societies is rather surprising in view of the conclusion, which is coming to be widely accepted, that mental hygiene does not lend itself to presentation in single talks or lectures, but rather requires a series of lectures to present even the most elementary considerations. Moreover, it is doubtful whether good educational work can be done by placing reliance wholly upon any one method. The best course of lectures, for example, needs to be supplemented by group discussion and by carefully selected readings in mental hygiene.

In addition to single lectures, 8 state societies during 1929 conducted 84 lecture courses, averaging 8 lectures each; 4 state departments, 20 courses, averaging 5 lectures; and 11 mental-hygiene clinics, 58 courses, averaging 12 lectures. In these lecture courses, 5 subjects appear to have received major emphasis: personality problems, family and social relationships, the relation between physical problems and mental-health problems, habit training, and developmental studies of children. It is interesting and gratifying to note that these are on the positive rather than the negative side of the subject.

One hundred and twenty-one single radio talks were reported as given in 1929 by 23 mental-hygiene societies, including 7 state societies, 4 state departments, and 12 clinics. Ninety-seven of these were reported as being educational, and 24 as being mainly informational. Of the organizations that used the radio, all but one questioned its value for educational purposes. Some radio talks were given in series. The series given weekly by the Child Study Association of America and that prepared by The National Committee for Mental Hygiene to be given through the "Cheerio Hour" are interesting examples of possibilities in this direction. On the

whole, parent-education organizations have made a wider and more effective use of radio for lay education than have organized mental-hygiene agencies.

In the distribution of pamphlet literature, 14 agencies reporting showed a total distribution of 153,712 pieces of literature at an estimated cost of $7,145, or .046 per item. Since the 14 agencies reporting represent only a small proportion of the number of agencies in the country, and since this total also leaves out the extensive distribution of literature by The National Committee for Mental Hygiene, as well as parent-teacher groups and the like, it may be assumed that a very large amount of mental-hygiene pamphlet literature is being distributed annually.

Very little seems to have been done by mental-hygiene agencies in promoting the library circulation of mental-hygiene books.

Fairly adequate attention seems to be given by most state societies and mental-hygiene clinics to timely newspaper releases. Several agencies have made good use of letters to the editor in pointing out the mental-hygiene implications of current news.

Only one organization, the Kansas City Mental Hygiene Society, reports the use of motion pictures in 1929. This society made one presentation to an approximate audience of about 75. The film is entitled *Types of Mental Diseases* and consists of a series of pictures taken at Missouri State Hospital No. 3.

Seven organizations report the use of exhibits in 1929—4 state societies, 1 state department, and 2 clinics. A total of 28 exhibit presentations were made during the year. An estimated audience of 12,250 was reached by exhibits, of whom 10,600 were reached by the Connecticut Society for Mental Hygiene.

Three organizations report the use of lantern slides or film slides.

It is evident that mental-hygiene organizations have scarcely begun to take advantage of the possibilities of visual presentation of their material through motion pictures, lantern slides, exhibits, posters, and other similar methods. This is doubtless in some degree due to the inherent difficulties

of presenting mental hygiene by the visual method. The intangibles of mental hygiene do not readily lend themselves to this form. Such attempts as have been made have not been very successful. It is certainly not an impossible task, however, and it presents a unique challenge to the best skill that is available in the field of visual arts.

In the matter of publicity personnel, of 6 state societies that submitted data on this question, 2 stated that they had no publicity specialist; 4 others indicated that they had a publicity person or educational assistant at least on part time. Of 4 state departments that answered this question definitely, 2 stated that they have no specialist in publicity, while 2 others, Connecticut and Pennsylvania, maintain a specialist who devotes practically full time to such duties and who is called, in the first state, "Director of the Bureau of Public Health Instruction," and in the second, "Editor, Department of Welfare." Two clinics report publicity specialists, while 14 clinics report that they employ no such trained person. From the information obtained by the survey it appears that state societies and clinics alike rarely make use of outside publicity specialists, except in the case of financial campaigns in which use of the publicity services of local community chests is made.

This brief summary of the educational activities of organized mental-hygiene agencies, so far as information was reported, makes it clear that a very limited educational job is as yet being done by these agencies, most of which have education as a primary function. Another thing that is clear is that while most of these organizations have good professional direction from the psychiatric and mental-hygiene standpoint, they have not, for the most part, had the advantage in their educational work of the skills which those trained in the fields of publicity and education can bring to bear. The nature of mental hygiene peculiarly prevents it from completely turning over its publicity and educational work to those who are simply experts in the publicity and educational fields. Such educational work as is done should be under the close supervision of a psychiatrist or other professionally trained person in order to ensure a sufficient degree of scientific accuracy and to safeguard certain psycho-

logical effects of the publicity or educational material itself.

On the other hand, such professionally trained people are often conspicuously lacking in the interpretative skill without which the best intentioned educational work misses its mark. More than in any other field, it seems to me, therefore, publicity and educational work in mental hygiene calls for a very close working relationship of the two kinds of experts, professional and publicity.

It should be noted that much of the most successful educational work in mental hygiene has been directed toward particular groups—parents, teachers, social workers, and so forth—rather than toward the rather vague general public. Also, the most effective educational materials have omitted all psychiatric jargon and have been stated in simple, straightforward, almost elementary English.

When we consider mental-hygiene educational techniques in general, and analyze the printed materials or other educational methods that have proved most successful, an interesting fact appears. These materials and efforts do not as a rule immediately or obviously relate to the mental health of those toward whom they are originally directed. They rather concern the attitude of these persons toward others over whom they exercise some influence. For example, parental education in mental hygiene consists of advising parents as to the mental health of their children. Educational work with teachers is intended to help the teachers in dealing constructively with the personalities of the children under them. Educational materials for industrial leaders concern the mental health of their employees; for ministers, the mental health of their parishoners; for social workers, that of their clients.

Of course, in actuality, a successful application of the principles of mental health to others involves a right mental attitude on one's own part, but the point is that the self-application is indirect and unconscious. There is probably a fundamental truth here that we must take into account in all our educational and publicity efforts in mental hygiene—namely, that direct and obvious approach to the individual with regard to his own mental health is not the most successful method because it is pretty difficult for the individual,

unaided by experts, either to see the need of changing his own mental habits or attitudes, or, even if he does see it, to be able to do so deliberately and consciously. But because mental hygiene is not an individualistic matter, because it involves the interplay of personalities, one cannot really help the mental health of the other fellow without at the same time helping one's own.

The measurement of the effectiveness of mental-hygiene education and publicity presents unique difficulties. We cannot expect the same direct, statistically measurable results that are observable, for example, in a reduced morbidity and mortality rate from diphtheria after an extensive educational campaign which has been effective in getting all the children of an entire city immunized against diphtheria. The preventive value of mental-hygiene education may be just as real, but is certainly not so directly measurable, because it has to do with the development of the individual's personality throughout life. If our preventive methods are the means in certain instances of preventing mental breakdowns, those results are not observable usually until years afterward, and even then it is difficult to attribute them directly to any specific effort.

Likewise, with regard to the general trend of admissions to hospitals for mental diseases, the first observable result of educational work is apt to be an increased admission of patients, not because of any increased incidence of mental difficulties, but because of a greater recognition of the importance of hospitalization.

An educational campaign for securing votes in a popular referendum on a $50,000,000 bond issue for state mental-hygiene institutions, such as was carried on in New York State in 1930 by the State Charities Aid Association, can, of course, be measured in the resulting votes, this particular bond issue having been passed by a majority of 6 to 1.

Dr. Henry B. Elkind has noted some of the indirect ways in which general mental-hygiene educational techniques can be measured, such as financial support to mental-hygiene agencies, the growth in number of members of such agencies, the increase in mental-hygiene facilities, the standing in the community of mental-hygiene agencies, the ease with which coöperative programs of education can be initiated, the more

or less spontaneous demand for literature, the attitude of the public toward private and public facilities for the care and treatment of the mentally disordered and defective, the amount and significance of progressive legislation and public appropriations in this field, and the degree of intelligence with which mental-hygiene facilities are being used by social, health, educational, and other community agencies.

Even with the greatest conceivable perfection of methods of measurement, I daresay that we shall never be able to begin to measure the most significant results of education in mental hygiene. This education is only secondarily for the purpose of preventing mental breakdowns, which it may be possible to measure. It is primarily to promote the good life, to increase the personal efficiency and happiness of each one of us through more harmonious social relationships. Such things are beyond measure. And the best mental hygiene will bear no label.

Those in other fields of health are doing splendid work in lengthening the span of life. But what will those added years mean—happiness or unhappiness? Are additional years of living a prize to be sought if they are to be years of disgruntlement or despair? So, while other forces of public health are working to increase the quantity of life, it is the task of mental hygiene to improve the quality of life.

Mental hygiene makes no pretense of offering an exclusive passport to a new Utopia. On the contrary, as it undertakes its social mission, it realizes increasingly that its own contribution can be effectively made only as a close working ally of all those other social forces that are marching in the direction of a better social order. Mental hygiene merely hopes and believes that it may be the means of adding strength and direction to those forces, so that the march of social progress may go forward a little less haltingly.

MENTAL HYGIENE AND CHARACTER EDUCATION *

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AT the beginning of life, intelligence and character are the innate possibilities of the child's development. As the child is a miniature replica of the adult, there are within it at birth the latent germs of various fears, appetites, interests, and emotional drives, and the formation of the child's character must necessarily depend on these innate drives as well as on the general nature of the environment.

Character building begins far back in the life of the individual; indeed, according to most specialists, the first three years lay the foundation of character so firmly that later training merely modifies without materially changing the emotional habits formed during those years. The importance of the proper type of education at the outset is, therefore, stressed by educators and psychologists alike. Any power whatsoever of the individual, physical or mental, may become an asset or a liability from the standpoint of character education. It is the aim of mental hygiene to make these powers, both mental and physical, assets in the character of the individual. The objectives of character education, from the standpoint of mental hygiene, are to secure the highest development of the personality and to make the child a strong and thoroughly socialized individual.

Let us pause a moment in our discussion and, if possible, get a clearer idea of what we mean by character building. Is character education synonymous with moral education? If so, is the teaching of morals part and parcel of the educative process? Admitting that morality is educationally significant, we still need to know the norm or standard of the teacher in the teaching of ideals. Intellect or character—which should be the primary aim of the teacher?

* Read at the International Council of Religious Education, Chicago, February 12, 1931.

Training for citizenship is the recognized duty of the teacher, and the highest socialization of the child requires that character and intellect go hand in hand in a complete program of citizenship. This is a mental-hygiene principle. Character development includes both the spiritual and the emotional. The spiritual interests of the individual cannot with safety be divorced from the intellectual and the emotional. We do not believe that man is a machine and nothing more. The moral life is humanly worth while. The highest morality of the child is simply intelligent human conduct.

Regarding moral education, Dewey in his *Democracy and Education,*[1] writes, "Conscious instruction [in morals] is likely to be efficacious only in the degree in which it falls in with the general walk and conversation of those who constitute the child's social environment." In any program of character education, the part played by the teacher and the social environment must be of great importance.

Morality is greatly determined by environment and personality. This is an important tenet of the modern child-guidance clinic. When there are more of such clinics in our school systems, the teacher will be stimulated to study and guide the pupil from the point of view of complete personality development.

Due emphasis should also be placed upon the native and social intelligence of the child. Too often the school, the church, and the home expect more from a child than his intelligence permits. If a child is to do right in the complicated situations that modern life forces upon him, he must have intelligence enough to know what is right. Intelligence is important in the trait development of the child.

The combined trait qualities of the child make up his character. Mental hygiene is interested in encouraging the development of certain traits in the child and the sublimation of others. We have been learning by bitter experience that the attempt to make men moral by legislation is almost certain to make for lawlessness and immorality. The same is true in child development. We cannot make the child morally

[1] *Democracy and Education,* by John Dewey. New York: The Macmillan Company, 1916.

good, but we can make the good so attractive that it will become desirable to him. Attitudes of fair play, of honesty and truthfulness and honor, can be presented to the child in such a way that they will be included in his catalogue of wants. This is the moral task of education.

The science of mental hygiene is in its infancy, but it offers much for the future as an aid to character education. The educator who heeds the laws of mental life is often able to reduce to a minimum defects that, if allowed to develop unchecked, would play havoc in the personality development of the child. The social and psychological sciences offer at least an approach to the long needed understanding of human nature. With their aid and that of the medical sciences, mental hygiene is developing a technique of guidance and control in child life hitherto undreamed of.

The religious scientist is interested in more than the character education of the child. He is interested in preparing the child for a life of service and of social living. This goal can be attained only to the extent to which it is possible to prevent the various maladjustments that threaten the personality development of the child. Harmonious development of the child will give him confidence in himself as well as ability to recognize the merits of others.

In an attempt to put these remarks into quantitative terms, the writer made a measurement of certain character traits. Ten measurable traits listed by Charters in his book, *The Teaching of Ideals*,[1] were chosen. Ten teachers in an elementary school were then requested to rate these traits in the order of the importance placed upon them in their daily teaching.

The ten traits were:

1. Reverence
2. Economy
3. Chastity
4. Sincerity
5. High-mindedness
6. Dependability
7. Service
8. Honesty
9. Scholarliness
10. Health

The teachers gave full coöperation, as they were anxious to know the relationship of their various ratings. The aver-

[1] *The Teaching of Ideals*, by Werrett Wallace Charters. New York: The Macmillan Company, 1927.

age rating that these ten traits received from the ten teachers was:

1. Honesty
2. Dependability
3. Chastity
4. Health
5. Scholarliness
6. Sincerity
7. Economy
8. Reverence
9. Service
10. High-mindedness

It should be remembered that these are average ratings. Honesty was given first place by four teachers. Reverence was first once and thereafter in the eighth, ninth, or tenth place.

The same ten teachers were then requested to keep their trait measurements for a week, carefully observe their pupils in reference to the traits, and rate them according to the frequency of these traits. This rating was more difficult and several of the teachers had to be visited more than once before their ratings could be obtained. They seemed not without interest, however, in the outcome of the experiment.

The average rank of these traits among the pupils, according to the teachers' ratings, were:

1. Service
2. Dependability
3. Health
4. Scholarliness
5. Honesty
6. Sincerity
7. Economy
8. High-mindedness
9. Chastity
10. Reverence

The relationship between the two sets of ratings is interesting. The self-correlation of these traits as they actually exist and as they are taught, according to the teachers' ratings, was $.688 \pm .049$. This indicates a positive relationship.

Ideals of character are of little value to the child when they are kept in the abstract. It is when the ideal of honesty is applied to concrete situations—for example, what is the honest thing to do when money is found, when the ticket collector misses one, or when there is a chance to look at a seat mate's paper in a formal examination—that such teaching proves fruitful.

In closing let me say a word about juvenile delinquency. The old idea was that punishment would make the delinquent good. The teacher punished, and if the punishment was not effective, the child was allowed to disappear from school. We now have a new outlook on this situation. We

believe that so-called badness is maladjustment and that its causes can be discovered and removed by measures analogous to those used in the diagnosis and therapeutic treatment of physical diseases. A "bad" child, if there be such a thing, is a maladjusted child. And whatever psychotherapy is applied in cases of juvenile delinquency must take into account intelligence level, emotional stability, recreational outlets, social situation, and the heredity of the child.

SIDELIGHTS ON THE STATUS OF NURSING AND MENTAL HYGIENE IN SCHOOLS OF NURSING *

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I AM rather afraid that the title of my paper does not entirely interpret what it contains. To be of value, information should be accurate, and as yet the means of obtaining information at the disposal of the Mental Hygiene Section of the American Nurses' Association are so very limited that it would be presumptuous to regard the survey about to be presented as either complete or accurate. Rather would it be advisable to state my subject this way: "Some impressions as to the status of mental-hygiene nursing in both general and psychiatric hospitals, received through correspondence conducted by the Mental Hygiene Section of the American Nurses' Association, through answers to questionnaires, and through conferences with various groups of nurses and physicians engaged in psychiatric and mental-hygiene work." A long title, you may say, but we will call it the text of our paper, not the title, and thus allow for greater freedom in the expression of opinion.

The correspondence to which we refer was begun in 1927, in an endeavor to secure a membership list for the section, the primary purpose of which was to establish points of contact with nurses who were engaged in some form of psychiatric and mental-hygiene nursing. The sources we used were the accredited list of nursing schools compiled by the League of Nursing Education, the accredited list of schools published by the American Psychiatric Association, and a directory of hospitals. It was not an easy task to differentiate between schools of nursing in mental hospitals and those in general hospitals that offer some psychiatric nursing experience, because in the National League's accredited list,

* Read at the Conference on Nursing and Mental Hygiene, sponsored by The National Committee for Mental Hygiene, New York, October 16 and 17, 1931.

arranged alphabetically by states, no distinction is made between general-hospital and special-hospital schools. A considerable period of time was needed to formulate our list, which finally included every accredited school of nursing that reported a course of lectures in mental and nervous diseases in the undergraduate course. A questionnaire was then prepared and sent to the superintendent of nurses of each of these schools, and much of the information now available was obtained from this and from returns to other and more recent questionnaires.

At intervals, the objectives of the section have been given publicity through the medium of the nursing journals, and through the same medium nurses engaged or interested in mental nursing have been invited to correspond with the officers of the section, in order that we might discuss our mutual problems and benefit by an exchange of experiences.

To give the point of view advanced by the Mental Hygiene Section, let me quote from a report read at the Biennial Convention in 1928 in which an effort was made to draw all nurses, no matter in what type of work they were engaged, into closer connection:

> "That not only the Mental Hygiene Section, but all nurses have a responsibility in furthering a new concept for the care of the mentally sick in teaching nursing, is obvious when we realize that the total human being has a mind as well as a body and each part acts and interacts on the other, not separately, but in intimate dependency. Modern psychiatry and education are pointing the way to the development and care of the total human being, particularly through the formative years of childhood and through the adolescent period. With this new thought in education, nursing must change its point of view and embrace the idea that good nursing care of the physically ill patient involves a knowledge and an appreciation of the influences that the emotional and intellectual life bears on the physical well-being of the patient, and also the influence of physical well-being upon the emotional and intellectual."

In 1928, at the Biennial Convention of the American Nurses' Association, a Mental Hygiene Section meeting was held at which every one present, in any way actively connected with mental-nursing work, was asked to fill out forms, in order that we might revise our original membership list, which had been made up from the replies to the 1927 questionnaire. Other forms have since been circulated and the

information thereby obtained has been most carefully analyzed by the secretary of the section.

Between 1928 and 1930, questionnaires were returned from 41 mental-hospital schools in which were enrolled 1,181 students. The average age of entrance was eighteen years, and 25 of the 41 schools required but one year of high school.

The academic preparation of the directors of the schools varied from less than one year of high school to four years of college. About half of the directors replying had completed four years of high school and a very small number had attended college or normal school for varying periods.

The tenure of office for the directors of the schools ranged from one to sixteen years, but the average stay was in the lower years rather than in the higher. The salaries of these directors ranged from $1,200 to $3,000, but most of them were approximately $1,200.

As indicated by the following figures, the personnel of the administrative and teaching staff was very deficient in the use of qualified graduate nurses:

12 of the schools reported no registered-nurse assistants.
16 of the schools reported no registered-nurse instructors.
3 of the schools reported no registered-nurse supervisors.
5 of the school reported no registered head nurses.

The hours of duty for student nurses ranged from 47 to 72 hours per week, the majority of these reports adding the comment, "Hours of duty much too long."

Salaries were reported paid to all students, ranging in rate from $7 to $66 per month, but a great number of schools paid salaries of from $40 to $50 per month.

Of the schools that replied, 40 provided affiliations for their students in general hospitals for periods varying from two to fifteen months; of these 40 schools, 11 received students from general hospitals.

Living conditions offered one of the greatest stumbling-blocks to progress. Only 27 schools reported a separate nurses' residence; 14 schools had no separate residences. In 21 schools attendants and nurses shared the same home; in 23 schools all attendants and nurses used the same dining room; in 20 schools the nurses were waited upon in their dining rooms by patients, and in some instances the dining

rooms for nurses were simply alcoves of the congregate dining room for patients. In 10 schools the students lived on the same corridors or in the same buildings with patients. In answer to the question, "Are you satisfied with present conditions?" one director replied in the affirmative, 5 did not answer the question, and 35 said, decidedly, "No."

Based on the information from 17 hospitals, representing 8 states, the ratio of nurses to patients is 1 nurse to 58 patients. This, of course, may not tell the correct story so far as the care of patients is concerned, for no doubt many of them are at work and are cared for by attendants. It is true, however, that the ratio of trained personnel to patients, particularly in the large mental hospitals, is exceedingly small.

In the original questionnaire sent out, the nurses were invited to comment on conditions in mental hospitals and were asked if they had any suggestions as to what might be done to improve, first, the nursing care of patients and, second, the quality and standards of the nursing personnel. The following statements of opinions will give some idea of the problems the superintendents of nurses in certain mental-hospital schools face and how they feel about them:

1. There is lack of recognition by the physician that the nurse is associated with him in the care of the patient and in his endeavor to bring about recovery. That this relationship is ignored is shown by the withholding of information that should be available to the nurse if she is to do intelligent and coöperative nursing work. Too much stress is placed upon the nurse as a hospital worker and too little on the nurse as a student and as an important factor in the care and guidance of the patient.

2. Too little distinction is made between the student nurse and the attendant in the courses of study and usually also in the provision for social opportunities and living arrangements.

3. There is failure to attract good students and to hold well-qualified graduate nurses because of the status in which they are placed, the lack of opportunity to develop any initiative, the long hours of duty, the small salaries, and the inadequate living conditions.

4. Some superintendents of nurses and others stated that, in their opinion, the idea seemed to be prevalent that the function of the student nurse was to give custodial and physical care to the patients; to direct patients in their housekeeping activities; to serve as marshals for patients on walks and during their transfer from place to place; to keep good discipline in all assemblies; to complete tasks that patients began, but did not finish; to stand at attention during certain formal ceremonies such as morning rounds; and at intervals to attend lectures or classes that might or might not explain the reason for all the activities calling for student participation. In only very rare instances were graduate nurses or students in the schools invited to attend staff conferences or conferences with social workers, and in very few places were students acquainted with the patients' histories, nor did they know what was likely to happen to the patients on discharge from the hospital. In the course of training the preventive aspect of mental illnesses did not seem to be considered of essential importance, nor was great emphasis placed on the observation of early symptoms. No doubt these points were noted in formal lectures, but the fact that no correlation was made between theory and practice, through trained instructors and supervisors, emphasized, with no stretch of the imagination, the status of nursing in these schools.

5. The opinion was expressed that if general hospitals would become more interested in the value of psychiatric nursing and would make more frequent affiliations with mental hospitals, the nursing and the standards of education would be greatly improved in these mental hospitals.

6. A large number of superintendents of nurses in mental hospitals deplored the fact that they have no independence in developing their schools, in selecting their candidates, in appointing their assistants, in carrying on correspondence relating to their students, or to anything, in fact, that has to do with the work of their schools. Traditions relative to these conditions seem to be prevalent, and, it is thought, may prohibit capable and desirable women from accepting positions in many psychiatric hospitals.

We could add to these comments others of the same nature, but perhaps we have said enough to tell the story.

Constructive suggestions included a complete reversal of present conditions through the building of new traditions; work with legislators in an endeavor to secure more adequate appropriations, that schools of nursing in mental hospitals might be placed on higher levels and that use might be made of their tremendously valuable facilities for teaching; the raising of entrance requirements as to age and education and the outlining of courses of study of a sufficiently high grade to interest educated women; and the bringing about of a changed attitude between the professional workers, in order that the importance and value of intelligent nursing might be fully recognized. If present conditions are to be changed, a new public opinion must be established. The first step in a task so important is a close and detailed study of the actual facts of the situation.

The activities carried on by the Mental Hygiene Section in 1929 and the early part of 1930 took the form of follow-up work. What we hoped might prove to be inspirational letters and helpful suggestions were sent out to all state nurses' associations, to secretaries of state boards of nurse examiners, and to each hospital school with which we had previously made contacts. A new impetus was given to psychiatric nursing through the fact that nurses were invited to meet with other professional groups and make a contribution to the program of the International Congress on Mental Hygiene in Washington in May 1930. I cannot say with what joy we accepted this invitation for The National Committee for Mental Hygiene and what it meant to those of us who believe that an understanding of mental-hygiene principles is one of the basic necessities in nursing, as it is in all types of work that involve personal and social relationships. It was not that we wanted this new knowledge for the sake of the nurse alone, but, as some one has so well expressed it, "We want and need the knowledge in order that nurses may do a better and more efficient nursing job"—in other words, that nurses may not only be "hewers of wood and drawers of water," but may learn how to work "with the spirit and with the understanding also."

At this conference, nurses engaged in the education of students, public-health nurses, and private-duty nurses came together and were joined by the psychiatric social workers

of visiting-nurse associations. We learned a great deal from one another. In contact with other workers in the field of mental hygiene, we found out how little we knew of the subject and how inadequately we were prepared to meet the real and deeper responsibilities of nursing. As I went from session to session and listened to the discussions, our obligations seemed so complicated, yet so profoundly important, that I felt rather like the little five-year-old boy who, on his return from Sunday School where he had been struggling to learn the catechism, was asked by his mother, "Well, how did you get along to-day?" In a very weary and discouraged tone, he replied, "Oh, mother, I am sorry God thought of so much to do, for it makes so much to learn."

In spite of the magnitude of the task, however, those of us who attended the congress were more convinced than ever that mental-hygiene nursing must be incorporated in the basic education of all nurses. This aspect of the subject was given considerable prominence at the Biennial Conference in 1930. Special sessions for its discussion were included in the programs on mental-hygiene education both by the National Organization for Public Health Nursing and by the Mental Hygiene Section of the American Nurses' Association. At the latter section meeting, another attempt was made to secure information from both general and mental hospitals as to the courses given in schools of nursing and visiting-nurse associations, the conditions under which these courses are given, and the personnel engaged in the work. The membership list was again revised and several contacts were made with new appointees on the staffs of the various training schools. At this convention the total list of members enrolled in the section was 137 nurses.

In addition to writing letters of an inspirational nature, we sent out to all the schools on our list a follow-up letter, asking what progress they had been able to make in enlarging courses, in inducing a higher type of nurse to enter the schools, in securing better qualified instructors, in making affiliations, and in improving living and working conditions. We also wrote to state boards of nurse examiners, asking how many general-hospital schools were giving students experience in psychiatric nursing through affiliations or through a course of lectures, and if through lectures, by whom

these were conducted. The nursing magazines have at times carried the messages to those not personally reached by letters. We have attempted to gather data as to the existence and the activities in state organizations of committees on mental hygiene, and it is encouraging to know that societies and associations of nurses convening all over the country usually include a discussion on mental hygiene or psychiatric nursing in their programs and attempt to obtain as leader some speaker qualified to present the subject.

Thus a greater awareness of the deficiencies in our educational system is gradually creeping into the consciousness of our nursing group. It is very interesting and suggestive that many letters from physicians, from organizations, and from nurses themselves, asking for help, advice, and information on mental-hygiene and mental-nursing topics, are addressed to the chairman and secretary of the Mental Hygiene Section.

In reporting progress, we are happy to state that 26 secretaries of state boards of nurse examiners replied to our letter requesting information. Of these, 20 states report a varying amount of instruction in mental hygiene and mental nursing. Actual experience in the care of the mentally ill is given to student nurses in 16 states. Reports were obtained from 67 hospital schools. Twenty of these schools are connected with mental hospitals and are probably the only schools in which all the students enrolled have mental-nursing experience. With few exceptions, the experience in all other schools is elective, not required.

Many of the comments received from the state secretaries on the status of mental-hygiene teaching are interesting and enlightening.

1. "This work is not required by the state and is therefore not given."

2. "We hope that during the coming year the majority of schools in our state will have this affiliation."

3. "State hospitals [in this particular state] do not have graduate nurses in charge of the wards."

4. "We welcome the opportunity to answer this inquiry and wish to emphasize the great need for qualified instructors to teach this course."

5. "The course of lectures on mental disorders is usually given by a psychiatrist, but often by any one who is available."

Letters from superintendents of nurses in mental hospitals report improvement in teaching facilities, some improvement in the type of applicant, and in certain schools a rise in the educational requirements for admission. In one school four years of high school are now an entrance requirement.

Several graduates from one school are now attending a local college and working for the B.S. degree. These nurses have made a contribution to public education by speaking occasionally at women's clubs.

A superintendent of nurses in a large general hospital reports:

> "There is an increased interest on the part of the students in the subject of mental nursing through the provision of two scholarships, for students in the school who rank high in psychology and who display an aptitude in the care of nervous patients in the general hospital."

In another state, a superintendent of nurses in a mental hospital reported that in this particular school they had applications for as many affiliations as their clinical material would permit. She also reported a very noticeable interest on the part of the academically better qualified women from the general hospitals with which this school is affiliated and an increased appreciation of the importance of psychiatric nursing. It was found, too, that a greater number of these nurses were remaining in mental nursing than of those less well qualified academically. I am sure that this school enjoys an exceptional experience, as few schools have as many applicants as they need even for the care of patients. The reasons are obvious: This is an exceptional school. It gives an exceptional course of instruction. It has qualified and interested teachers. It provides good living conditions. It believes in the education of nurses.

In still another state hospital, a superintendent of nurses reported great progress in establishing affiliations with general hospitals and in providing an excellent course, both theoretical and practical, in which instruction in mental hygiene is differentiated from that in psychiatric nursing.

In reviewing the period since 1928, it would appear that our correspondence with schools of nursing and secretaries of state boards of nurse examiners has aroused new interest in the teaching of mental nursing. The list of persons with

whom we are now in contact numbers well over two hundred, but correspondence at best has many limitations. Letters and questionnaires are capable of many interpretations and always bear the stamp of the understanding and experience of the individual who writes the letter or of the one who fills out the questionnaire. The information that they contain is, therefore, of limited value. Analyses are conditioned in the same way.

In as much as the means at our disposal were inadequate for constructive work, we sought the coöperation of the nursing committee of the American Psychiatric Association. At various times we presented to the chairman of this committee the problems that seemed to be inherent in the present system of training nurses in mental hospitals, and discussed the advisability of raising the association standards for accrediting schools of nursing. Such topics as the question why the Psychiatric Association should accredit schools of nursing, and why it should set a minimum-standard curriculum, were considered, and it was suggested that psychiatric-hospital schools of nursing should be expected to meet the same standards as general-hospital schools. A very cordial relationship over a period of years has been established.

The problem that confronts state-hospital executives is the care of the tremendous numbers of patients in the mental hospitals of the country. Nurses must share the responsibility with the physicians, but we must find some solution that will not exploit educationally a group of young women.

This subject was discussed very frankly the last time I had the privilege of meeting with the nursing committee of the American Psychiatric Association in Philadelphia, and we were quite in accord on the outstanding issues. We felt that we were not sufficiently informed as to present conditions and, therefore, were not in a position to suggest changes till we knew assuredly what changes were most desirable. It was obvious, therefore, that we required information based on a careful survey of the needs in mental hospitals, as well as a study of the nursing situation and related conditions. Ways and means of financing this survey were also discussed and it was intimated that possibly it might be financed by combining the resources of the American Psychiatric Asso-

ciation and the American Nurses' Association, but those engaged in the discussion had no authority to appropriate funds and as yet we have not been advised by our organizations that such funds will be forthcoming. The suggestion is still a suggestion and nothing tangible has resulted from the conference except that we have established another relationship through an appreciation of a common need.

Through the 1931 list of accredited schools of nursing, which has recently been issued by the National League of Nursing Education, we have been able to get together statistical material that will help us to summarize certain information in order that we may discuss intelligently the development of a program for the education of nurses in mental hygiene and mental nursing.

The accredited list, which includes general and special hospitals without differentiation, reports 1,802 schools of nursing with 82,989 students. In 1930, 22,123 student nurses were granted diplomas in nursing. Of the 1,802 schools of nursing, including mental and general hospitals, 301 schools reported that within their own institutions courses in mental nursing were given to the student nurses; 130 schools reported that a course was given through affiliations; and 75 schools that a course was given as an elective. Therefore, out of 1,802 schools, a total of 506 were giving some kind of experience in mental nursing.

It was impossible from this report to find out whether the courses referred to were theoretical as well as practical. From other sources, however, we learned that some of the theoretical courses reported consisted of as few as five or six talks on mental diseases and that even these were not always given by a psychiatrist.

We were not able to estimate how many students, out of the 22,123 who graduated, actually received instruction in psychiatric nursing, as the number of graduates in 1930 ranged from 1 to 135 in the various hospitals. It is, however, worthy of note that the school that graduated 135 students did not include mental-nursing experience in the course, while many of the schools that graduated between 1 and 10 students did include experience of this type. We are, therefore, quite safe, I am sure, in concluding that the proportion

of the 22,123 who received mental-nursing experience was actually very small.

The American Psychiatric Association has approximately 50 schools of nursing on its accredited list. For various reasons, a few of these are not accredited in the report of the League of Nursing Education. This list is no doubt a fair index of the number of schools of nursing conducted by mental hospitals, and as we have no other accurate means of determining how many general hospitals give experience in mental nursing, we may infer that out of the 506 schools that report such experience, 456 belong to general hospitals. At the present time, therefore, students are being graduated from almost 1,300 schools without this very valuable experience. It should be stated, however, that in 18 states a course of lectures on mental diseases is required by the state curriculum. We understand that one or two states are working toward a requirement of practical experience for all student nurses through affiliations with state hospitals, but certain other information would indicate that the requirement is not wholly for the sake of education, but is rather a means of providing for service needs. We do not know of any state that has passed such a state law, as authentic information was not available when the accredited list was compiled.

In tabulating this information, no differentiation is made between mental nursing and mental hygiene. It is our opinion that in only a very few schools is mental hygiene considered as a separate subject, and in still fewer schools is it woven into the warp and woof of the curriculum. Student nurses who are fortunate enough to be in schools affiliated with visiting-nurse organizations that have psychiatric social workers on their staffs receive some instruction in the application of mental-hygiene principles. In nursing, the work is still in its infancy and the details of the demonstrations, conferences, and courses are not yet available for publication. The number of student nurses who are benefiting by this instruction is at the moment difficult to determine, but without a doubt the schools are included in the 506 before mentioned. We have reason to believe that the experience they are receiving is valuable and that association

with expert mental-hygiene workers should help them to understand and to deal with their own problems and those of their patients in an entirely new way.

No doubt there are many excellent pieces of educational work in progress of which we know nothing, so perhaps the picture that I have given you is not entirely adequate or fair. If such is the case, how much more do we need to develop the machinery by which we may know where exceptional people are working and where exceptional work is being done. On the other hand, we should know also where the work is being inadequately carried on and where people are struggling with difficulties that they have neither the capacity nor the facilities for handling.

THE TRAINING AND IDEALS OF TWO ADOLESCENT GROUPS *

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THE notoriety that modern journalism gives to crime and the inconspicuousness of the average law-abiding young person have led to widespread hysteria about the supposed degeneracy of modern youth. A return to the sterner discipline of an older generation has been suggested as a remedy.

Educational psychologists have long been the foes of harsh discipline. Progressive families have been trying gentler methods for a generation. Our present population includes young people brought up under both systems.

Before deciding offhand that the gentler methods are responsible for all the delinquency, we should examine a representative sampling of delinquents to see how gentle their early training actually was; and we should also examine other groups free from serious delinquency to learn whether fear of punishment has been the chief factor in restraining them from crime. Only an exhaustive study of representative samplings of both sexes, various ages, and various social and economic strata will ever answer the question at all adequately. The present study is intended only as a modest beginning.

Conscientiousness seems to have been the dominant motive of an unselected group of Mt. Holyoke College girls, according to their autobiographies written in a social psychology course.

The expedient of keeping the identity of individual authors unknown even to the professor seems to have been successful in securing absolute frankness, for the girls told embarrassing early experiences, family weaknesses, secret fears,

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and trivial personal faults that would scarcely have been admitted in a signed paper.

To these girls the positive side of conscience was plainly more important than the negative. Misdemeanors to be avoided and bad impulses to be inhibited played a relatively insignificant rôle. The girls were chiefly concerned about work to be accomplished, responsibilities to be discharged, and obligations to be met.

Among the many responsibilities recognized by one or more, the following are typical: to do good work in school, to be of service to others, to take care of younger brothers and sisters, to set a good example, to be thorough in housework and other undertakings, to repay what their parents had done for them, to be scrupulously honest and truthful, to be prompt, to be neat, to be thrifty, and so forth, and, above all, to make the highest use of any special talents.

Most of the girls frankly admitted being largely self-centered. Their strivings for perfection were motivated by a high ideal of themselves. They were playing a rôle to the extent of actually living their parts. In many instances this ideal rôle had begun in the fond expectations of a devoted parent whom the girl could not bear to disappoint; in others the girl was striving more or less consciously to imitate an idealized relative or friend.

None had been wholly successful in living up to her ideals. The lapses ranged all the way from mild hypocrisy to theft. The shame and consternation of parents and the necessity of returning stolen goods, with an apology in some instances, proved sufficient deterrents from future theft. In no case did a habit of stealing persist to college age.

That these girls should have suffered remorse in childhood is not surprising. But attitudes of self-reproach were not limited to those who had actually done anything really wrong. All were inwardly conscious of faults they were striving to eradicate—laziness, procrastination, selfishness, absent-mindedness, intolerance, sarcasm, bad temper, and the like.

These conscientious girls contrast strikingly with a group of delinquent boys committed by the courts to the State Home at Jamesburg, New Jersey. Besides testing these boys for intelligence and special aptitudes, we interviewed each one in an effort to discover the causes of the delinquency.

Most of our boys were glad of a chance to talk freely, when convinced that it was safe to do so. At the time of the interview, we had at hand a report based on the findings of the court, of the social worker who had investigated the home, of the disciplinarian of the institution, of the resident physician, and others. The boys' stories usually tallied fairly well with reports from other sources. That they were sometimes untrue in details does not destroy their value as evidences of the boys' ideals.

Tender consciences and sensitive honor were notably lacking.

These boys could be divided roughly into two groups—the casual delinquents, who got into trouble by trying to keep out of it, and the "hard guys." The former usually lacked both inhibitions and ideals. They were drifters, who did whatever seemed easiest at the moment. They had few hopes and no plans. For them, "Another guy told me to do it," was an adequate explanation of any act.

The "hard guys," on the other hand, were living an ideal no less than were the college girls; and to them, also, the rôle had usually been assigned from without.

To "put it over on somebody," and to carry out escapades that their companions dared not attempt, were positive achievements. Especially did they pride themselves on a reputation of imperviousness to punishment. They abhorred tattling, though they occasionally indulged in it under stress of fear, revenge, or opportunity to profit. They were proud of taking their own blame, and even prouder of occasions on which they had taken some one else's blame, out of loyalty, hero worship, or sheer grand-standing. Fear of consequences usually deterred them from robbing officers of the institution, but they would steal from one another without compunction.

If they could keep a friend from getting caught by lying, the lie was considered meritorious.

Most of the "hard guys" had been casual delinquents first, and had developed their special code of values in the course of experience.

Causes contributing to the boys' delinquencies were many and complex, but in no case did lack of punishment in earlier childhood appear as a contributing cause. Most of the boys that we interviewed had had frequent clashes with parents,

teachers, school principals, and police, and being the weaker party, had almost always got the worst of it. Before being sent to the institution, they had become thoroughly accustomed both to public disgrace and to physical punishment. Some were masochistic enough to get a thrill out of both, and had even acquired the habit of hunting for trouble. More often, however, it was the fear of punishment that had driven the boy into vagrancy and eventually into jail.

A fairly common sequence of events leading to commitment would run somewhat as follows: The boy would be dull or inattentive in school. Reprimanded or ridiculed, he would seek solace in mischievous byplay. Punished for this, he would play hooky. He would be punished at home for his truancy. School would grow progressively more intolerable as he dropped farther and farther behind the class. He would continue to absent himself; then, fearing punishment at home, he would stay out all night. Hunger would soon induce him to steal, till he was committed for larceny. Thus school maladjustment and harsh discipline at home were sometimes the initial causes of the delinquency.

With most of the conscientious college girls, on the other hand, punishment in childhood does not appear to have played an important rôle. Nearly half of them (49 girls, or 40.83 per cent) fail to mention it at all; a few (9 girls, or 7½ per cent) specify that they were never punished; and an equal number that they were seldom punished.

Of those girls who allude to punishment in childhood, comparatively few report good results from it. More mention it to account for temper tantrums, vindictiveness, defensive lying, temporary estrangement from parents, suicidal reveries, and the like.

Of course the college girls and the delinquent boys are not strictly comparable. Sex, intelligence, and many other variables help to account for differences in standards, but it is evident that lack of punishment did not prevent any of the girls from developing a high sense of personal responsibility; whereas frequent and severe punishment of many of the boys had apparently accomplished a complete reversal of normal ethical values.

THE HANDICAP OF CLEFT-PALATE SPEECH *

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CLEFT palate, with its distressing speech difficulties, formerly was considered a "visitation of God" about which nothing could be done. Like the color of the skin or the height of the body, the condition was to be *accepted.* The individual had no recourse; he must go through life suffering the humiliation and the misery that result from the inability to fit into society through the medium of understandable speech.

Without hope of relief, this affliction is nothing less than a tragedy, for it means that a human being is out of contact with his own world. The personality blight that frequently develops is, perhaps, the most unhappy phase of the condition. Filled with the sense of his inability to meet the social situation, the individual has feelings of inferiority and insecurity. These feelings do deadly work, for they undermine his emotional stability; they make in his life all the difference between success and failure, happiness and misery.

Cleft palate is the failure of nature to complete her developmental work. The buds of the tissue forming the roof of the mouth fail to unite before birth, leaving an opening in the hard palate or the soft palate or in both. No definite cause for this retardation in development is known. Frequently it follows the line of inheritance, sometimes skipping a generation. This congenital deformity, science has found, is no longer a condition to be supinely accepted. Surgical attention can be given when the baby is very young, and frequently complete or at least partial closures are effected.

In a study of cleft-palate cases begun in the public schools of Madison, Wisconsin, and carried on later in St. Louis, we attempted to determine the relationship between cleft-palate

* Read at the Fifth Annual Meeting of the American Society for the Study of Disorders of Speech, Detroit, Michigan, December 31, 1931.

deformity and intelligence.[1] Thus far we have found that the average intelligence of these cases is within normal limits, and none has been so definitely subnormal as to be unable to profit by speech training.

Dr. G. V. I. Brown, cleft-palate surgeon of Milwaukee, has announced a similar conclusion. He says:

> "My records over a period of more than twenty-five years appear to indicate that mental deficiency is no more frequent among harelip and cleft-palate individuals than among those who are normal in this respect. I have had in the course of my experience some subnormal children and others whose mental defects were hopeless, but those have been comparatively few in proportion to the total number of these cases that I have seen. On the other hand, many of these congenital cases have developed into more than ordinarily brilliant individuals, notwithstanding their handicap."

Cleft-palate surgery was improved during the late war, when plastic surgery was given its impetus. There are now outstanding surgeons in various parts of the country who specialize in cleft-palate work. In times past, little of lasting benefit was done for a child so afflicted. Occasionally a plate was placed over the palate opening by a dentist.

It is our opinion that a child born with a cleft palate should, within the first month after birth, be taken to an oral or plastic surgeon experienced in cleft-palate surgery. With proper surgical intervention, frequently the child's mouth may be made capable of performing all its normal functions, and the child may thus be saved from the personality hazards it must surely face if it is allowed to grow up with this serious abnormality.

The condition known as "harelip" is sometimes associated with cleft palate, although this is not a general finding. Occasionally a harelip occurs with no cleft palate, and most often the cleft palate occurs with no associated harelip. In our experience at least, cleft palate alone, with no accompanying facial deformity and no visible handicap, is more common than cleft palate complicated with harelip.

Too often this developmental defect is not discovered until it is noticed that the baby has difficulty in nursing. If the mother is somewhat ignorant, the child's condition may become so serious through malnutrition that surgical interven-

[1] In St. Louis, individual tests were given by the Division of Tests and Measurements.

tion cannot yield hopeful results. It is imperative, therefore, that the doctor, when he first examines a baby, look into its upper mouth to discover whether there is any palatal deformity.

The intelligent public is becoming conscious of what surgery can do for the individual with the cleft-palate deformity. Surgical correction, however, is not enough. The child who has had successful surgery, but not expert supervision from one trained in speech formation, will not develop good speech. Too often it can be understood only by its mother. When first beginning to talk, the cleft-palate child should be trained by a speech worker who thoroughly understands sound-building as applied to cleft-palate cases.

The hard and soft palates play a very important part in speech and voice production. The hard palate, which forms the roof of the mouth and the floor of the nose, acts as a sounding board for the production of tone. The soft palate drops down like a curtain, from the posterior surface of the hard palate, contacting with the base of the tongue to separate the cavity of the mouth from the nasal chamber.

When a cleft occurs in a hard palate, the oral and nasal resonance chambers—the two great resonance chambers of the voice—fail to function. Thus resonance—the richest and most important quality of the human voice, a quality that occurs in both speech and song—is destroyed. This gives the voice the unpleasant, flat, cracked quality so characteristic of cleft-palate speech. It colors all the sounds, but is particularly noticeable in the open vowels.

The most unfortunate result of the opening in the hard palate is the disturbance of the air stream on which sound rises. The air stream, instead of being projected from the mouth, becomes distracted through the opening and goes through the nose, giving an ugly snortlike quality to all the plosive sounds; *p, t, f, v, b, sh, th, k, s,* and all their combinations are affected.

After successful surgery, it is necessary to work patiently and painstakingly on the redirection of the air stream, in order that the old habit pattern may be broken down and the new one set up in its place. This is a prodigious task, but it can be accomplished, depending, of course, upon the

length and nature of the cleft, the success of the surgery, and the age and intelligence of the individual.

This particular step of the technique, the redirection of the air stream, cannot be overemphasized in the development of normal speech, not only because it affects the sounds mentioned above, but because all consonants and vowels are colored and distorted by over-nasalization or excess air through the nasal passage.

Sometimes the cleft occurs only in the soft palate. The "curtain" that separates the cavity of the mouth from the nasal chamber is withdrawn, and the result is a muffled confusion in sound, with resonance lacking.

The palatal muscles responsible for the production of *k* and *g* are usually sluggish and inactive. They need development through expansion and contraction and kinæsthetic sensation. The latter may be achieved by probing gently with a tongue blade to localize sensation in the restricted area. Definite exercises must be given that stretch the muscles, and the individual must be made conscious of the muscles in action. It is well for the patient to work before a mirror with his mouth open, so that he may feel and see the necessary activity. Thus he learns through the process of seeing, hearing, and feeling.

Consonants are not beautiful sounds at best, in any speech, and they are a little uglier than usual with the cleft-palate child. Vowels are the singing sounds in the language; they give melody and rhythm to speech, and lend distinctness and clearness to words. To prolong the vowels has become a definite part of our technique; not a mechanical drawing-out, but a lengthening of the sound because the beauty of the word demands it. *It is necessary always to give to the mechanics of an exercise the concept of beauty.* To carry with the doing a beautiful thought, not only hastens the desired end, but establishes a happy association that gives emotional stimulus.

For practically all of our exercises we use poetry, and we use no exercise that has not back of it a mental picture of strength and beauty. A sound can be produced with so much more power when the individual *feels* it, and the emotional reaction, the desire to do it, carries over in the mind when no work is being done.

Definite work must be done on voice projection. The personality handicap expresses itself in *tone* quality. Unhappiness, failure, the feeling of inferiority, *express* themselves in the tone of the voice. The inability to adjust to life's situations tells its story in tone quality, for the voice is the barometer of the emotions—the outward expression of the inward feeling. With the cleft-palate child, fear of ridicule or of being misunderstood, anxiety concerning his speech, inhibits his powers, and the tone of his voice is thin and weak; it seems to go down his throat instead of out of his mouth. Therefore, voice projection—the sending out of the tone to contact the forces of the world—is a very necessary step in his speech training.

The foregoing suggestions are some of the outstanding points of procedure in cleft-palate technique. Although this technique differs from the procedure used for other speech difficulties, there is no blanket method; it varies with each case, and at all times is "the pitting of the speech worker's ingenuity against a fault."

The following is a record on the form we have fashioned to fit cleft-palate cases in the public schools:

CLEFT-PALATE INFORMATION

Name of recorder
Date of record

General Information

Name: Mary Smith.	
Father's name: John.	
Address:	Telephone:
Father's occupation: Laborer.	
Is father working? Yes.	
Is mother working? Where?	Candy factory.
Patient's date of birth:	January 10, 1918.
Place of birth:	Boston.
Nationality:	German-American.
Language spoken in home:	English.
At what age did patient begin to talk?	About 20 months.
Has patient had harelip?	No.
Has he usual number of teeth in correct locations?	Double set of teeth; one set since extracted.
Operations performed:	Dr. S. on palate when one month old; again at three months.
By whom performed:	
Dates:	Palate: Feb., 1918; April, 1918.

(Have child take home specific questions he cannot answer readily, bringing back written answers.)

School History

Present school:	Longfellow.
Years in this school:	Since Sept., 1930.
Other schools attended:	Douglas, first two years; Blair, grades 3 and 4.
Intelligence tests:	Binet, May, 1931; I.Q. 97.
Group test:	Pintner Cunningham; 98.
Disability in (subject):	Poor in arithmetic.
Teacher's estimate of child in her own words.	Remote, difficult to reach; sweet and appealing when contact is made.
Teacher's estimate of child's health:	Excellent—very good—*good*—fair—poor. (Underline one.)

Family History

Brothers and sisters: ..... Ages:.....

(Name in order from oldest to youngest, with patient's name encircled)

Paul	15
(Mary)	13
Alice	10
Frances	9

Have any members of the family speech defects? No.

Trace presence of cleft palate from great-grandfather through all relatives. (This defect frequently follows line of heredity, often skipping a generation. Send this question home.)

Paternal grandfather: Had cleft palate. No surgery.

Paternal aunt: Had cleft palate. Died in infancy, it was thought of starvation.

What is the attitude of patient's father and mother toward his defect? Resignation, with little understanding of what they can really do for the child. Willing to coöperate when given information.

What is the patient's outward attitude toward defect? Pretends not to care. Feels herself discriminated against.

What is his real attitude? Exceedingly sensitive; pathetically eager for help. Works diligently under direction.

What is the attitude of other people toward him? Usually kind, although they do not understand her speech. Frequently avoided by adults, who are afraid of embarrassing her through their failure to understand what she says.

Is he cheerful, confident, optimistic, worried, depressed, *anxious, agitated?* (Underline) Outwardly optimistic with undercurrent of anxiety.

In your opinion, what are the outstanding obstacles in your work with this patient? The patient has made remarkable progress in speech. Personality maladjustment is a serious problem.

The history of this case, from the record on file, is as follows:

Mary, an attractive, dark-eyed child, thirteen years old, in the seventh grade, has a cleft that extends from the hard through the soft palate. The first operation was performed when she was a few months old. No closure was made. When she was five years old, there was a second operation, resulting in almost complete closure in the hard palate. There is no harelip and the teeth are in correct locations.

Family History: The paternal grandfather had cleft palate all his life—ate with a queerly shaped spoon constructed particularly for him. A paternal aunt also had cleft palate, and died in infancy. It was believed that she died of starvation, for Mary's father remembered his mother's distress when the milk came out of the baby's nose instead of going down the throat.

Speech Analysis: In September, 1930, Mary could not make the sounds *k, g, ch, sh, s,* alone or in combination. *F, v, t, b,* were weak. The air stream coming through the nose over-nasalized all the sounds. Resonance was lacking. The vowels were muffled. The palatal muscles could not approximate *g* or *k*. The glottal stop occurred after vowels. For *s* the sound of *h* was substituted and for *g* there was an ugly little click in the throat. The tone quality was thin and weak, and no projection of voice was possible.

When speech training was suggested, the child wept through the entire visit; she did not want to work on speech. It was apparent that her associations with it were most unhappy. The physical defect was getting inside the child, making her sensitive and anxious, with marked feelings of inferiority coloring her whole picture of life.

Through nine months of work, Mary has labored faithfully every night, keeping a written record of her practice periods. Not a practice period has she missed, and she has worked *happily* with the realization that she was doing a big and beautiful piece of work. The faithfulness of her application is characteristic of the eagerness of the cleft-palate child. We have found them to be prodigious workers.

Her voice has developed in resonance, inflection, tone projection, and tonal quality. She has redirected the air stream until all air plosives are strengthened, and *s, ch,* and *sh,* the "Waterloo" of the cleft-palate child, are correct sounds. The glottal stop is eliminated; the palatal muscles have developed to the point of making *k,* and *g* is closely approximated. Altogether, including basic sounds and those in combinations, the child has added twenty-three new sounds to her speech. In a *learned* activity her speech is normal. In free conversation, the new sounds do not yet carry over into habit formation.

She talks frankly and freely of her speech; tells of her little successes happily. She is developing the kind of speech that will make her life successful and happy—a life in communion with her fellows through the necessary medium of understandable speech.

Enough cannot be said of the need for personality development as it applies to the child and the family of the cleft-palate child. The child needs to be taught to face his problem frankly, and he needs also to realize that within himself lies the power to develop and improve his speech. He must feel

that speech is a beautiful thing, like music or dancing or the making of wonderful pictures, and that his association with it can be successful and happy. Speech means even more, for it is the great medium of personal expression; through it we establish the "meeting of minds" with our fellows, and we use it every day as long as we live.

Every possible approach must be used in order to strengthen self-assurance and confidence. Whatever the child does *well* must be emphasized, and every phase of self-expression encouraged. If he is a boy, he should be given special training in physical development. He should be taught to box, for instance, until he acquires a reputation for superiority. He should excel in the sports. Praise should be given, not for the child himself, but for the thing accomplished. Girls likewise should have their points of excellence (sewing, cooking, music, dancing, or whatever) developed to a point of real superiority. Thus the inferiority and inadequacy may be compensated for, and in their place may come the comforting realization of personal worth.

Every little child with an organic handicap needs influences that will stimulate the imagination. He must have, in truth, "the eyes that make pictures when they are shut," so that the wings of the spirit will not be clipped and that he will have, as Carlyle said of Robert Burns, "eyes that see, ears that hear, and the heart that understands." There is in the world just as much happiness as misery, and he must be trained to see happiness and to develop the resources within, which gives richness and beauty to living. Then will we truly educate, for we will pull up the root of ugliness and plant beauty in its place.

ECONOMIC LOSS TO NEW YORK STATE AND THE UNITED STATES ON ACCOUNT OF MENTAL DISEASE, 1931 *

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THE economic burden due to mental disease has been called to the attention of the people of New York State during the past eight years by three campaigns on behalf of proposals for bond issues for the building of state institutions. The proposals, all of which were approved by the voters, provided, in 1923, for a bond issue of $50,000,000 for state hospitals and other institutions; in 1925, for a bond issue of $100,000,000 for state institutions and other improvements, to be made available at the rate of $10,000,000 a year; and in 1930, for a bond issue of $50,000,000 for state hospitals and state prisons. About $90,000,000 of the proceeds of these bond issues has been or will be devoted to the construction of hospitals for patients with mental disease. Another phase of the burden was emphasized by the appropriation, in 1931, of nearly $24,000,000 for the maintenance of patients with mental disease in the hospitals of the New York State Department of Mental Hygiene.

New light on the economic loss due to mental disease was made available in 1930 by the publication of an important book, *The Money Value of Man*, by Drs. Dublin and Lotka of the Metropolitan Life Insurance Company. Prior to the publication of this study, there was no authoritative work to which one could turn for information concerning the economic value of persons with varying earning capacity at different age periods.

The present review of economic loss on account of mental disease supplements two previous papers by the author, one

* Read at the Annual Meeting of the American Statistical Association, Washington, D. C., December 30, 1931.

dealing with the economic loss to the state of New York on account of insanity in 1911, the other with the economic loss on account of hospital cases of mental disease and associated physical disorders in New York State in 1928. So far as known, no similar studies have been made. In dealing with the topic before us, we shall first attempt an analysis of the economic loss to New York State on account of mental disease in 1931 and shall then apply the results obtained in making estimates for the country as a whole. We have limited our study to hospital cases of mental disease. We recognize that the loss due to mild cases of mental disease cared for outside of state hospitals and licensed institutions is quite large, but as little is known concerning the number of such cases or the duration or severity of their illnesses, any estimate of such loss would be merely an unsupported guess. We deem it better to heed psychiatric counsel and hold fast to reality so far as possible.

Physical disorders play a prominent part in the causation and prolongation of mental disorders. In several of the groups of psychoses, physical and psychic elements are so intertwined that they cannot be separated. In other groups, physical factors play a less conspicuous part. No way has yet been devised of calculating or estimating the relative importance of the two factors. In this study no attempt is made to evaluate physical factors or other causes contributing to mental illnesses.

The economic loss due to hospital cases of mental disease consists of two principal items:

I. The cost of maintenance of patients in hospitals.
II. The loss of earnings due to the disability and premature death of the patients.

THE COST OF MAINTENANCE

The cost of maintenance of patients in hospitals comprises three factors:

A. Cost of hospital care and treatment, including medical and nursing services, food, clothing, care of buildings and grounds, and all other items that are essential to the comfort and well-being of patients in a modern hospital.

B. The investment charge, which includes interest on the

outlay for the hospital plant and equipment, and an allowance for depreciation and obsolescence.

C. The cost of general administration. In our own hospital system this comprises the expense of conducting the two administrative offices of the state department of mental hygiene, the Psychiatric Institute, the bureau of special examination, the inspection service, the central purchase of supplies, the services for this department of the governor, the legislature, the courts, the attorney general, the state civil service commission, the state department of public works, the state comptroller, the state department of agriculture, and the state pension commission.

Cost of Hospital Care and Treatment.—Taking up in order these several maintenance factors for the fiscal year ended June 30, 1931, we find that the per capita expenditures for hospital care and treatment in the civil state hospitals was $421.76 and in the two hospitals for the criminal insane, $541.80. The per capita cost for the year in the licensed institutions is not available, but is estimated at $2,000 per capita.

The Annual Investment Charge.—The annual investment charge consists of two parts:

1. The interest on the value of the hospital plant and equipment necessary to house and otherwise care for the patients.

2. The allowance that must be made for depreciation and obsolescence of buildings and equipment.

To compute the interest charge, we have to determine, first, the value of the hospital property that forms the base, and, secondly, the rate per cent.

The valuation of the present state-hospital plants cannot be easily determined. Several of the institutions occupy land within city limits that is worth many million dollars. Just how much, no one can say. Likewise the value of the buildings now in use cannot be accurately estimated.

The difficulties of an adequate appraisement or valuation of the several hospital plants being so great, we deemed it better to consider the present per capita cost of the building and equipping of a new hospital. Even this cannot be definitely determined, as no complete state hospital has been

built and equipped in recent years. Judging, however, from the cost of the new units at Kings Park, Creedmoor, and Rockland State Hospitals, the present average outlay for plant and equipment per patient is approximately $4,000. We have, therefore, used this figure in computing per capita investment charges in both groups of state hospitals. The capital outlay of the licensed institutions per patient is estimated to be $6,000.

Interest rates vary considerably from time to time. The average rate on first mortgages and good bonds in recent years has been about 5 per cent. On account of exemptions from taxation, government, state, and municipal bonds bear somewhat lower rates. On a purely economic basis, it seems probable that 5 per cent is a fair average rate, and we have used it in our computations.

The rate per cent to be charged for depreciation and obsolescence varies according to the type of building or other property under consideration. Land favorably situated does not depreciate. Certain types of equipment depreciate from 10 to 25 per cent a year. Buildings of fireproof construction depreciate but little from year to year, but may become obsolescent in from thirty to fifty years. Wooden buildings depreciate much more rapidly. In view of our inability to segregate the values of the land and the various types of buildings and equipment constituting the hospital plants, we have arbitrarily decided to reckon depreciation and obsolescence at 2 per cent per year. This is clearly too high for the land values and too low for equipment values, but probably represents a fair average. Combining interest and depreciation, the annual investment charge would be 7 per cent of the capital outlay, or $280 per year in the state hospitals and $420 per year in licensed institutions.

The Cost of General Administration.—The expenditures of the administrative offices of the department during the fiscal year of 1931 were $352,219.73. As the combined average daily patient population of the institutions in the department was 54,007, the per capita expenditures amounted to $6.52. This figure does not include any state expenditures for pensions or the costs to other state departments of services rendered in connection with the commitment and care of mental patients.

The exact amount of such expenditures cannot be determined, but in view of the fact that considerable work is required of the legislature, the courts, and several state departments, as previously mentioned, it seems probable that the total per capita cost for administration is approximately $10, and we have used this amount in our computations.

The several maintenance costs reckoned in accordance with the methods above described are summarized in Table 1. They amount in the aggregate to $44,913,504.

TABLE 1.—EXPENDITURES FOR MAINTENANCE OF PATIENTS IN INSTITUTIONS FOR MENTAL DISEASE IN NEW YORK STATE, FISCAL YEAR ENDED JUNE 30, 1931

	Total	*Civil state hospitals (48,464 patients)*	*State hospitals for criminal insane (1,909 patients)*	*Licensed institutions (3,634 patients)*
Maintenance and operation..	$28,742,714	$20,440,339	$1,034,375	$7,268,000
Investment charge.....	15,630,720	13,569,920	534,520	1,526,280
General administration.....	540,070	484,640	19,090	36,340
Total	$44,913,504	$34,494,899	$1,587,985	$8,830,620

LOSS OF EARNINGS DUE TO THE DISABILITY AND PREMATURE DEATH OF PATIENTS WITH MENTAL DISEASE

Mental disease causes complete or partial disability for long periods and materially shortens life. About one-half of the patients who enter mental hospitals finally die therein. The average period of hospital life of those who die in the hospitals is between six and seven years. The death rate among patients is several times as high as among the general population of the same age distribution. From 20 to 25 per cent of the first admissions recover, and from 15 to 20 more are discharged as improved. From 5 to 10 per cent are discharged as unimproved or as without psychosis.

It is probable that the loss for the year due to reduced earning power can best be determined by considering only the new cases, or first admissions, entering the hospitals. The loss thus viewed would be the present worth of that portion of the future earnings that is cut off by mental disease. The problem thus considered resolves itself into two parts:

A. Determining the present worth of the net future earn-

ings of an average man and of an average woman at each age of life.

B. Finding the proportion of future earnings that are lost when the patient is admitted to a hospital for mental disease.

Fortunately, we have at hand the book previously mentioned, *The Money Value of a Man,* by Drs. Dublin and Lotka. In this study the authors calculated the present worth of the net future earnings at each age of men of varied earning capacities. The earnings for the several working years were carefully graduated and deductions were made for the cost of maintenance. The net economic values thus calculated of a man with maximum earning capacity of $2,000 are shown for various ages in Table 2. Such a wage-earner probably represents a fair average of the males who become patients in New York state hospitals. It will be noted that the value at birth is given at $7,000; at ten years of age, as $14,950; at twenty, as $23,850; and at twenty-six, $25,200, which is the maximum. At fifty, the value becomes $13,800, and at sixty, $6,700; at seventy-two, it becomes a minus quantity.

TABLE 2.—ECONOMIC VALUE OF A MAN WITH MAXIMUM EARNING CAPACITY OF $2,000 (AS CALCULATED BY DRS. DUBLIN AND LOTKA)

Age (years)	*Value*	*Age (years)*	*Value*
0	$7,000	40	$20,350
10	14,950	50	13,800
20	23,850	60	6,700
30	24,450	70	400

The economic value of an average woman was not calculated in this study, but is assumed by the authors in an earlier study to be half that of a man. We have used such assumption in our computations.

What proportion of the value of a person is lost when he develops mental disease and enters a state or licensed hospital for treatment? Estimates might be made for all first admissions or for each clinical group separately. The latter method gives a better analysis of the loss and was used in our calculations.

After careful consideration of discharges, deaths, and duration of hospital life in each group, we arrived at certain percentages of loss. These are set forth in the third column of Tables 3 and 4.

It will be noted that the percentage of estimated loss of future earnings in general-paralysis cases is 75. Prior to the introduction of treatment by malaria and tryparsamide, the percentage of loss of earnings in this group was close to 100.

As a rule the organic cases are past middle life on admission and present a less hopeful picture than the functional cases. The percentage of loss in senile cases is placed at 95, in arteriosclerotic cases at 85, and in alcoholic cases at 50.

Although there are few recoveries in the dementia-praecox group, a large proportion of the cases improve so that they are able to do some productive work. The loss in this group we have estimated at 75 per cent.

Some of the manic-depressive and psychoneurotic cases are restored to full earning power, while others continue in the hospital until removed by death. On the whole, these two groups are perhaps the most hopeful of all, and we have estimated their loss in earnings as only 40 per cent.

The loss in the group with mental deficiency is placed at 10 per cent, as this group has low earning ability previous to admission to a hospital for mental disease.

In preparing Tables 3 and 4, we first classified by years of age the first admissions to all the state hospitals and the committed first admissions to the licensed institutions of each sex and psychosis. We then multiplied the number of patients of each age by the estimated present value of the net future earnings of an average person of same sex and age. The amounts thus derived for each psychosis were added and the totals were entered in column 2 of the tables. This column represents the net economic value of average persons of the same age and sex as the first admissions of the several clinical groups, Table 3 showing the values for the males and Table 4 the values for the females.

The next step was to multiply the amounts in column 2 by the respective percentages of loss shown in column 3. The products in column 4 of Table 3 show the losses for the males in each group, and the corresponding column in Table 4 shows in like manner the losses for the females.

Tables 3 and 4 take no account of the 1,914 voluntary and physician's certificate cases admitted to licensed institutions, as the psychoses and ages of these cases were not reported.

The cases included 1,125 males and 789 females. Assuming that the average economic value of these patients was the same as that found for the cases of same sex shown in Tables 3 and 4—namely, $15,598 for males and $7,629 for females—and assuming also that 40 per cent of such value was lost on account of mental disease, we find the total loss for the male cases of this group to be $7,019,100; for the female cases,

TABLE 3.—ESTIMATED LOSS OF NET FUTURE EARNINGS OF MALE FIRST ADMISSIONS TO INSTITUTIONS FOR MENTAL DISEASE IN NEW YORK, FISCAL YEAR ENDED JUNE 30, 1931

Psychoses	*First admissions*	*Estimated net economic value of average persons of same age*	*Per cent of estimated value lost on admission*	*Economic loss due to mental disease*
Traumatic	90	$1,238,485	50	$619,243
Senile	340	392,745	95	373,108
With cerebral arteriosclerosis	800	3,197,650	85	2,718,003
General paralysis	744	12,667,380	75	9,500,535
With cerebral syphilis	80	1,311,630	60	786,978
With Huntington's chorea	4	38,550	100	38,550
With brain tumor	15	261,045	95	247,993
With other brain or nervous diseases	87	1,732,920	70	1,213,044
Alcoholic	530	8,518,905	50	4,259,453
Due to drugs and other exogenous toxins	17	262,710	50	131,355
With pellagra	1	19,155	70	13,409
With other somatic diseases	57	783,145	40	313,258
Manic-depressive	534	9,999,230	45	4,499,654
Involution melancholia	97	1,040,420	70	728,294
Dementia praecox	1,396	30,756,840	75	23,067,630
Paranoia or paranoic conditions	38	504,155	75	378,116
Epileptic psychoses	105	1,928,108	85	1,638,892
Psychoneuroses and neuroses	69	1,466,395	40	586,558
With psychopathic personality	152	3,191,920	50	1,595,960
With mental deficiency	152	3,092,670	10	309,267
Undiagnosed psychoses	75	1,343,650	60	806,190
Without psychosis	101	1,793,235	40	717,294
Total	5,484	$85,540,943		$54,542,784

$2,407,712; and for both sexes combined, $9,426,812. Adding this amount to the totals shown in Tables 3 and 4, we find the present worth of the loss of net future earnings of all first admissions to be $84,425,269.

We have previously seen that the cost of maintenance of hospital cases of mental disease in New York State in 1931 was $44,913,504. Adding this amount to the present worth of the net loss of earnings of the new cases entering the hospitals, we have a grand total of $129,338,773. This amount, if our assumptions are correct, represents the loss in 1931 due to hospital cases of mental disease in New York State.

TABLE 4.—ESTIMATED LOSS OF NET FUTURE EARNINGS OF FEMALE FIRST ADMISSIONS TO INSTITUTIONS FOR MENTAL DISEASE IN NEW YORK, FISCAL YEAR ENDED JUNE 30, 1931

Psychoses	*First admissions*	*Estimated net economic value of average persons of same age*	*Per cent of estimated value lost on admission*	*Economic loss due to mental disease*
Traumatic	11	$60,830	50	$30,415
Senile	450	291,970	95	277,372
With cerebral arteriosclerosis	602	1,405,535	85	1,194,705
General paralysis	215	1,918,408	75	1,438,806
With cerebral syphilis	26	178,775	60	107,265
With Huntington's chorea	9	72,460	100	72,460
With brain tumor	2	18,113	95	17,207
With other brain or nervous diseases	46	427,525	70	299,268
Alcoholic	105	875,998	50	437,999
Due to drugs and other exogenous toxins	11	91,233	50	45,617
With pellagra	...	.....	70	.....
With other somatic diseases	126	1,106,508	40	442,603
Manic-depressive	757	7,526,558	45	3,386,951
Involution melancholia	189	1,226,445	70	858,512
Dementia praecox	1,175	11,862,890	75	8,897,168
Paranoia or paranoic conditions	54	370,403	75	277,802
Epileptic psychoses	79	808,970	85	687,625
Psychoneuroses and neuroses	133	1,321,570	40	528,628
With psychopathic personality	120	1,209,993	50	604,997
With mental deficiency	105	1,082,723	10	108,272
Undiagnosed psychoses	84	836,610	60	501,966
Without psychosis	65	600,088	40	240,035
Total	4,364	$33,293,605		$20,455,673

ECONOMIC LOSS DUE TO MENTAL DISEASE IN THE UNITED STATES

We have still to consider the economic loss on account of mental disease in the United States as a whole. Unfortunately, data are lacking for the complete determination of

such loss, and we are compelled to make estimates based on data derived from incomplete censuses and from the results already obtained for New York State.

On January 1, 1923, the date of the last complete Federal Census of the insane in institutions in the United States, there were enumerated 267,617 resident patients in public and private hospitals for mental disease. The number in state hospitals alone was 229,837 and in other institutions 37,780. Beginning with 1926, the Federal Census Bureau has collected annual data concerning patients in state hospitals only. The last published report of the Census Bureau relating to such patients is for the year 1928. The resident patient population in state hospitals on December 31, 1928, numbered 272,527, an increase of 42,690 since January 1, 1923. At the same rate of increase the resident patients in state hospitals on January 1, 1931, would have been 286,757. Assuming that the patient population of other institutions for mental disease had increased at the same rate, their population on January 1, 1931, would have been 46,560. This number added to that representing the patients in the state hospitals makes a total of 333,317, which, we believe, is a fair estimate of the number of patients with mental disease in institutions in the United States on January 1, 1931.

Using the same method in estimating the first admissions to hospitals for mental disease in the United States for the year ended June 30, 1931, we find the number to be 91,899. On the basis of the sex distribution found in 1922, the male first admissions would number 53,353 and the female, 38,546.

For New York State, we found the general average annual per capita cost of maintenance of patients, including hospital care and treatment, housing, and general administration, to be $831.62. In view of the fact that Federal data concerning costs of hospital care and treatment in the United States show that the general average annual per capita cost in all state hospitals is about three-fourths of the cost in New York State hospitals, we have decided to estimate the total annual per capita cost in the United States as three-fourths of that in New York State, or $623.72. On this basis the cost of maintenance of the 333,317 patients in institutions

for mental disease in the United States during the year ended June 30, 1931, would be $207,896,479.

Likewise we estimate the loss of future net earnings of the average first admission to hospitals for mental disease in the United States to be three-fourths of the amount found for the average first admission in New York State. We believe such estimate is justifiable, as it is well known that the cost of living and salary and wage scales in New York State are considerably higher than those prevailing in most other states. Referring to Tables 3 and 4, we find the average loss of earnings per first admission in such state to be $9,945.80 for the males and $4,687.37 for the females. Three-fourths of these amounts would be $7,459.35, and $3,515.53 respectively. On this basis the loss of earnings for the 53,546 male first admissions would be $399,418,355 and for the 38,353 female first admissions, $134,831,122. These amounts added to the cost of maintenance as given above make a grand total of $742,145,956. This amount, we believe, constitutes a fair estimate of the economic loss due to hospital cases of mental disease in the United States in the year ended June 30, 1931.

ABSTRACTS

GRADING OF PATIENTS IN MENTAL HOSPITALS AS A THERAPEUTIC MEASURE. By Milton H. Erickson, M.D., and R. G. Hoskins, M.D. *The American Journal of Psychiatry*, 11:103–09, July, 1931.

For the last four years the state hospital at Worcester, Massachusetts, has been carrying on a research project on the etiology and therapy of dementia praecox. The investigation has included not only endocrine and drug therapy, but certain forms of situational therapy as well. One of these is the plan described in the present paper.

The purpose of the grading system is to provide motivation for efforts at self-improvement by the patients, many of whom have fallen into such a state of inertia and lack of ambition in the simplified environment of the hospital that they present a difficult problem when the time comes to institute more active therapy. Since the majority of them have at one time or another attended the public schools and are habituated to a system of promotion by grades, it was felt that a similar system in the hospital would be accepted by them unquestioningly as natural and right. This has proved to be the case, as the comments of the patients show.

The grading scheme is based chiefly upon behavior. It is formulated in terms comprehensible to the patients and is presented to them in a series of large posters, of which there are seven, reading as follows:

THIS WAY OUT

All patients on the RESEARCH WARDS are graded according to their progress. As they improve they are promoted. They are sent home ONLY FROM GRADE B. If you want to go home, improve your grade.

Your doctor will explain.

GRADE A—AT HOME

Able to act like normal people.
Able and willing to work.
Able to get along with family and friends.

GRADE B—GOING HOME

Getting well enough to go home.
Working well.
Reliable on parole.
New interests and new ideas.

Old ideas controlled or understood.
Rebuilding mental strength to stay well.

Patients are sent home only from Grade B.

GRADE C—ON PAROLE

Working and playing well.
Getting new ideas and interests.
Making the best of everything.
Coöperating well and obeying rules.

Patients are sent home only from Grade B.

GRADE D—FIRST CLASS ON THE WARD

Keeping neat and tidy.
Working well and playing well.
Learning to take things as they come.
Beginning to understand old ideas.
Learning to coöperate in everything.

Patients are sent home only from Grade B.

GRADE E—SECOND CLASS ON THE WARD

Working and playing poorly.
Lazy and shiftless.
Too proud of own ideas.
Not very coöperative.
Careless of clothing.

Patients are sent home only from Grade B.

GRADE F—THIRD CLASS ON THE WARD

Mute, resistive.
Silent or too talkative.
Excitable and disturbed.
Not coöperating.
Not working or playing.

Patients are sent home only from Grade B.

The method of presenting these posters was to place them one at a time in a prominent, well-lighted position over a door through which all the patients passed. After a few days the poster on display was removed to an alcove and the next in order placed on the door, until the whole series was posted in the alcove. A roster of all the patients on the service classified by grades and a weekly list of promotions and demotions are posted in every ward.

The plan had been in operation about six months at the time the article was written and the authors report satisfactory results. The patients have shown a marked interest in the poster series, and their

comments, a number of which the authors quote, seem to indicate that the scheme is having the desired effect in the way of arousing ambition and stimulating effort toward self-improvement.

One gratifying result that had not been foreseen has been the effect of the plan upon the families of patients. Apathy and discouragement have in many cases given place to a new attitude of interest and hopefulness. There has been a definite increase in the number of visits by relatives, and not infrequently an effort to coöperate in the plan by urging the patient to advance and praising or otherwise rewarding his progress. This change of attitude on the part of relatives and friends has a therapeutic effect that is difficult to measure, but is none the less real.

Taking up the psychiatric aspects of the project, the authors show how it is especially adapted to the needs of schizophrenic patients. Evoking as it does childhood memories and utilizing early conditionings, simple enough to be grasped without much mental effort, it meets such patients on the immature levels of thought and feeling to which they have regressed and leads them along by easy stages so that they will not be discouraged at the start by the magnitude of the task ahead of them. Further, it tends to stimulate group consciousness and a spirit of emulation and so to draw the patient out of the malignant isolation characteristic of his condition. And finally, by raising his self-esteem through successful achievement, it serves to counteract the sense of failure and loss of self-respect from which he is seeking refuge in a psychosis.

The authors' verdict is that the plan "yields excellent therapeutic results for the effort expended."

WHITHER EDUCATION? By Carleton W. Washburne. *The New Era in Home and School*, 12:343–46, October, 1931.

In order to secure information as to the goals of educational effort in various parts of the world—whether or not they are consciously pursued, how they agree and how they differ—Mr. Washburne, Superintendent of Schools in Winnetka, Illinois, put a series of questions to the leaders of educational thought in a number of countries in Europe and the East. His findings are summarized in the present article.

His first question was: "Do you want to perpetuate and perfect your present type of society; or do you want to create a new, definitely preconceived social, political, and economic organization; or do you wish rather to develop each individual fully without any attempt to predetermine social structure?"

The first of these three objectives is the one that Japan is ap-

parently aiming at, recognizing at the same time the necessity for developing individual abilities in order that the empire may receive the best services of its subjects. Russia is striving toward the second objective—the building up of a new social order—and Russia is the only country in the world that has completely reorganized its educational system in a definite, conscious effort to reach its goal. In China also there is a desire to create a new society—a society founded on the broad general principles laid down by Sun Yat Sen—but some of the leaders feel that it should be rooted in the ancient culture of the nation, others advocate Westernization, and still others believe that the best course lies in centering attention on individual development. Other nations that have only a general outline of the new society they wish to bring into being are the Arab countries and Poland.

In almost every country there are certain leaders—notably Gandhi in India and Einstein in Germany—who emphasize the third objective and would concentrate all educational effort upon the development of character, clear thinking, and a sense of social responsibility in the individual without regard to any particular social structure.

The second question was: "When there is a conflict between the demands of the state and the profound personal convictions of the individual, would you so educate your children that they will follow their conscience or that they will follow the nation's demands?"

Japan and Russia answered uncompromisingly that the state comes first; there can be no moral law higher than loyalty to the emperor in Japan, or to the decision of the collective in Russia. A tendency in the same direction is found in countries that are struggling toward national unity and independence. Nationalists in Nanking and in some cases even in India and most of the Turkish, Polish, and Arab leaders feel that their national existence depends upon the subordination of the individual to the state. Some of the Chinese, however, and many of the Indian nationalists—including, of course, Gandhi—put personal convictions first, as does Einstein in Germany. Some of those questioned tried to evade the issue by maintaining that the individual's conscience should be so nationalized that he could have no convictions against anything demanded by the state—a point of view that contravenes the fundamental idea of conscience.

The third question was: "Should we educate our children to place the welfare of their own country first, or if necessary to sacrifice their country's apparent advantage for the welfare of the world community of nations?"

The world community comes first with Gandhi and Einstein and a few other leaders, but this view is not common. Nations such as China and the Arab countries, which have suffered from oppression

by other nations, are especially inclined to put nationalism first, feeling that their only hope of throwing off foreign domination lies in the building up of a strong national consciousness. Japan talks a great deal about internationalism, but will not concede the possibility of its conflicting with nationalism. The Russians, on the other hand, state that if by the world community one means the proletariat of the world, then of course it comes first. They are interested in the Russian revolution primarily as a step toward world revolution, and they do not teach national patriotism at all except in the sense that Russia stands for the Revolution, which must be defended against Capitalism. While the other nations all advocate the peaceful solution of international problems wherever possible, Russia, the one country that as a consistent educational policy teaches its children to place the world community first, is also the one that would bring about its particular conception of the world's good by means of the bitterest form of warfare—revolution.

A question with regard to the teaching of history—whether it should be predominantly nationalistic or as objective as possible—was answered by the majority in favor of objectivity—or at least an attempt at objectivity, since some hold the view that history must always reflect the subjective attitude of the writer or teacher and hence can never be truly objective. Some feel that the age of the child should be taken into account—that early childhood, which is normally a period of hero worship, should be allowed to enjoy its heroes unspoiled by too accurate an account of their shortcomings. In general, the profoundest thinkers and those with the loftiest ideals, regardless of nationality, favor the maximum degree of objectivity. In Russia, history as such is not taught below the university level, and when it is taught, it is interpreted entirely from the Marxian point of view and is consciously directed toward only one end—world revolution and communism.

The next question was: "Should children in the schools be allowed to discuss any question, however contentious? If so, should the teacher try to lead them toward a particular point of view? Toward what point of view: his personal one or the official one of the state?"

The conservative position, represented chiefly by Japan, was that the schoolroom is no place for irresponsible discussion—that the children are there to learn what the teacher has to teach and the teacher to give them the state's point of view. More common was the opinion that there should be some freedom of discussion, its degree depending upon the ages of the children and the subject matter to be discussed. Practically all educational leaders agree that children should not discuss subjects that they are too young to understand,

but opinions differ as to the ages at which various subjects become suitable. This, as Mr. Washburne points out, is a question to be decided not by reasoning, but by scientific experimentation. The real point at issue is whether children should be permitted to discuss all subjects that they are capable of understanding or whether certain subjects should be barred altogether. Leaders in such countries as Russia, Poland, Turkey, and China would prohibit discussion of the fundamental organization of the state. In all countries, with the possible exception of Japan, a few bold thinkers were found who would place no restrictions upon discussion, on the ground that if children are ever to think intelligently and independently, the schoolroom is the place for them to begin.

It was universally agreed that the teacher should direct and supervise the discussion, but some would have this supervision confined to the correction of errors in fact or logic, while others feel that the teacher should try to lead children through the discussion toward a particular point of view. On the question what point of view, the teacher's or the state's, there is again a division of opinion, the nationalists holding that the teacher is the servant of the state and should represent the state's point of view, while the individualists are opposed to any such requirement.

The answers to the next question—"Should the program of the school be organized primarily in terms of a scientific study of the demands of adult society or should it center principally around the interests and activities of the developing child?"—showed the influence of Kilpatrick and Dewey, especially in Japan, China, and Turkey. But as in the United States, few educators are willing to go the whole way and make the interests and activities of the child the sole guide to educational policy. Most of those who favor a child-centered education regard it as a psychological means toward the end of giving the child the knowledge and skill that adult society will demand of him.

The last question is the one of most interest from a mental-hygiene point of view: "Is it a legitimate and important function of education to approach the emotional life of a child, to attempt to help him resolve those inner-conflicts which in their extreme forms eventuate in neuroses and psychoses, and which even in their more common forms results in unhappiness and maladjustment to life?"

This was a subject that leading educators in many countries, especially in the Far East, had never considered or even heard of. When they understood what it meant, some of them were very favorable to the idea. Others felt that it belonged to the field of "educational luxuries," as one of the Arabs put it, and that it

would have to wait until more pressing problems were out of the way. Turkey was beginning to consider the question, and Russia and Germany were giving it a good deal of attention. But the real center of interest in this field is in Austria, where one finds such work as that of Aichhorn with children and teachers, and Adler's clinics in the public schools of Vienna.

In conclusion, the author outlines his own position on the various points covered by the questions. Some attempt to fit the child into a preconceived social order is, he feels, necessary and desirable, but the mold must not be too rigid or the attempt is dangerous. Children should be led to realize that their personal welfare is inextricably bound up with the welfare of the group to which they belong and that in the same way their nation's welfare depends upon that of the world. If history teaching must have a tendency, let it be in the direction of world vision. There should be freedom of discussion provided only that facts, not prejudices, are the basis of the discussion. In planning the educational program, the demands that society is going to make on the child must be taken into consideration, if he is not to leave the school inadequately prepared to play his part in the world, but if education can get rid of its cloistered tendencies and relate itself more closely to life, it will be comparatively easy to make the child feel the need of such knowledge and skill as are necessary for participation in adult society. And finally one of the most vital tasks of the new education must be to help the child face and resolve those emotional conflicts in himself which our present education has failed to recognize and which are, therefore, one of the great causes of society's afflictions.

A Psychological Definition of Propaganda. By William W. Biddle. *The Journal of Abnormal and Social Psychology*, 26:283–95, October-December, 1931.

Propaganda is defined by this author as the most subtle form of social coercion, the form peculiarly adapted to a democracy. Unlike most forms of coercion, it controls without arousing antagonistic emotions. It impels large numbers of individuals to behave alike, each under the impression that he is acting on his own independent judgment.

Propaganda uses four general methods, which can be arranged on a scale according to the degree to which they recognize intelligence as a guiding factor in behavior. There is, first, the method of persuasion, which assumes that men's motives are actuated by ideas and that if you control their ideas by rational argument, you control their conduct. The second method, that of direct emotional appeal,

is related to the first. It relies on sentiments, or emotionally tinged ideas, to motivate conduct. It is largely used by evangelists of the revivalistic school. The third method is that of direct suggestion. It utilizes the mental effect of constant repetition. The advertising on billboards and street-car placards follows this method. The fourth is the method of indirect emotional appeal, which in practice amounts to a process of indirect emotional conditioning on a large scale. Emotional responses—fear, love, anger, and so forth—are conditioned to certain ideas or symbols, such as Radical, Socialist, Capitalist, the subjects themselves seldom being aware that their emotions are being conditioned.

Modern propaganda is tending more and more away from the first of these methods in favor of the last. In order to understand how this has come about, it is necessary to go back to the period of the World War and the situation with which the various nations were faced in their efforts to preserve morale. On both sides, the numbers of men involved were so great, and the interests of the nations allied together so diverse, that the task of maintaining morale assumed heroic proportions. Every nation found itself obliged to set up large propaganda offices and every possible device was tried out. Gradually it became apparent, from empirical results, that the most effective propaganda followed certain general principles, which may be stated as follows:

1. Avoid argument; appeal to emotions.
2. Fit the situation into a pattern of "we" versus "enemy."
3. Reach social groups as well as individuals.
4. As much as possible, hide the propagandist.

Each of these four principles was used in war propaganda and has since been adapted to peace-time uses.

Early in the war, it was discovered that attempts to build up a logical case for this or that warring nation were much less effective in winning support than emotional appeals. A device that proved very valuable for this purpose was the slogan—"Bleeding Belgium," "A Scrap of Paper," "Make the World Safe for Democracy," and so forth—which had the advantage of stirring the emotions and arousing enthusiasm without provoking critical thought. Post-war propaganda has made extensive use of this method of emotional appeal. The attempt is less and less to convince of the value of this or that product or cause by logical argument, and more and more to condition to the product or cause in question such strong emotional drives as the desire for health, the desire for beauty, the desire for social acceptance, and so forth. And here again the slogan, which

sums up the emotional appeal in a simple, catchy phrase, has been found very useful.

The second principle—that of "we" versus the "enemy," "we" being all that is righteous and desirable, the "enemy" all that is evil or undesirable—has been less easy to follow in peace time, when people are not so ready to believe the worst of the "enemy." We have had, however, such post-war enemies as Reds, Socialists, Capitalists, Catholics, Negroes, and so forth, which are used as bogey men to frighten the public away from this or that person or cause. In advertising, "we" are the refined and intelligent people who use this or that soap or breath purifier or what not, while the "enemy" are the undesirables who fail to use the product in question and so, by implication, offend against taste.

The third rule—that the propaganda should be directed toward groups as well as indivdiuals involves two steps: (1) the end of the propaganda must be interpreted in terms of the purposes and prejudices of the group and (2) the endorsement of key men within the group must be obtained. This principle was exemplified in war propaganda in the effort to interpret the aims of the war in accordance with the special interests of various groups in the warring countries. Thus it was a war to destroy the threat of a rapacious trade rival (for business groups on both sides); to protect the high standard of living (for American labor); to end war, to establish the rights of small nations, and so forth (for religious and idealistic groups). Moreover, prominent individuals in all the various fields—labor leaders, writers, scientists, clergymen, educators—were asked to come out with statements endorsing the war and justifying the stand taken by their particular nation.

In post-war propaganda the same principle is seen in the advertising of health or beauty products through endorsements by noted fashion leaders, actresses, or even doctors. So widespread has this practice become that agencies have been established to obtain the endorsements and photographs of prominent people for advertisers. Public-utility corporations also have made a very subtle and skillful use of this group technique in their appeals to farmers' organizations, women's clubs, church bodies, and so forth. They have been very successful, too, in securing for their propaganda some eminent scientific and educational endorsement.

The fourth principle is of the utmost importance to modern propaganda both in war and in peace. It has been discovered that the conditioning process is more effective when the subject is unaware that it is going on. The propagandist, therefore, tries to keep himself, his motives, and his clients as far as possible out of sight. This

was fairly easy in war time, when governments were in practically complete control of news agencies. They could secure the publication as news of almost anything they liked—whether true, half-true, or totally false—and so could lead whole nations to believe what it was desired they should.

In peace time, however, it is more difficult for propagandists to control the sources of news. The consolidation of newspapers into chains and the buying of influential dailies by large corporations seem to indicate a tendency in that direction, but at present the radio and the movie are the most effective mediums for the transmission of propaganda, permitting the manipulator of public emotions to remain completely hidden. The "news story" of the publicity agent or press bureau is another device for accomplishing this. Even in straight advertising, where complete anonymity is impossible, the attempt is made to keep the advertiser as far as possible out of the picture by centering attention upon other parts of the page.

To sum up, modern propaganda "is relying less upon techniques which help the individual to come into intelligent control of his conduct, is relying more on techniques which induce the individual to follow non-rational emotional drives." Whether it is as effective as its advocates believe, is still a question, which can be answered only by objective studies of results.

BOOK REVIEWS

RACE PSYCHOLOGY. By Thomas Russell Garth. New York: The McGraw-Hill Book Company, 1931. 260 p.

This book is both a compilation of the opinions and data of other investigators and the contribution of Garth's original investigations in the fascinating field of race psychology. Any book on this subject, however, labors under the following difficulties: First, there is no clear conception of race; second, there is no adequate definition of intelligence and personality, which are amongst the factors to be studied as showing racial superiority or inferiority; third, there is only a fragmentary knowledge of mental heredity; fourth, the tests that are used in measuring any of the mental qualities of a race have been only recently introduced and are notoriously erroneous, as is shown by the fact that they are being discarded almost as fast as the fashions in women's clothing. And some of them are, in my opinion, extraordinarily feeble instruments for a mightly task, as, for example, when "community of ideas" is tested by as many words as the subject can write down in three minutes. I seriously doubt whether this is a probe into, or a measurement of, the ideas of the individual. In other words, the book labors under inherent difficulties due to the fact that the matter studied is exceedingly complex and has only recently come into the domain of scientific thinking.

Nevertheless, the author has the scientific attitude, which is the all-in-all at least for a good beginning. He is wise and reasonable, free from prejudices except for one, which is a prejudice that I share with him—namely, his emphasis upon culture and milieu as factors in the formation of racial personality and racial qualities.

All the tests that, let us say, have discovered that the Negro has an intelligence quotient of some twenty points less than the average white with the *same education* are based on a misconception of the meaning of the word education. Investigators seem to think that education represents schooling, whereas, as a matter of fact, up to the age of five or six, the home is the great school where education is instilled by example, precept, continuous social pressure, praise and blame, reward and punishment; where it is created by the emotional setting, by the kind of play, and by factors so direct as food and so subtle as to defy language. A Negro and a white man living on the same street live in two different worlds as far as education is concerned; to a lesser extent, but still to a marked degree, this is true

of their children. The nurture of two individuals of different colors is distinctly different, even though their natures may be similar, and even though they seem to live in the same environment; and since performance in any test depends upon both nature and nurture, conclusions as to *innate* inferiority or superiority depend either on a sublime faith in methods that are open to all kinds of criticism, or to prejudice, or to both.

For example, Garth points out that in intermixtures between the white and the Indian, the intelligence quotient rises with the amount of white blood. When, however, he breaks up the groups thus obtained—that is, on the basis of the amount of white blood—into groups depending upon the degree of schooling, he finds that the differences tend to disappear; just as Brigham found, though he did not see the significance of his finding, that in the tests given in the Army, the differences between the immigrant groups and the native Americans tended to disappear according to the number of years the immigrant had lived in the United States. That is, the difference was greatest when the immigrant had been in the United States five years and lowest when he had been here twenty years—in other words, when he had become thoroughly Americanized and responded better to American tests. Garth points out that these facts tend to minimize racial differences in intelligence. The fact that Indians in the United States' schools have a higher intelligence quotient and respond better in general to various mental and personality tests than Indians who have not been in these schools, who have depended upon inferior cultural and educational institutions, goes even further in showing that, at least in large measure, racial intelligence, as it can be measured by tests or by school work, is dependent upon the general cultural environment.

Garth takes up many questions in his book, even including the question of racial æsthetics and racial musical ability. It seems to me perfectly obvious that in both these matters, culture, in the sense of all the environmental influences that play upon the individual, is hugely important in creating taste. One sees this in the quick transitions that take place in one generation, in choice of clothes, in type of music admired, and in the color schemes used for home decoration. The Old-World peasant notions or the Old-World cultural notions that the immigrant brings over with him disappear in the case of his American-born descendant in an undistinguishable Americanization. The color scheme that the Sicilian loves for his decorative and æsthetic purposes has no place in the psychology of his Boston-born descendant, as can be shown every day on Boston streets, as well as on the streets of any other city. This is as true of the Indian, Negro, and Chinaman

as it is of the European or the American. One has only to compare the æsthetic displacement of values evidenced in the furniture of the Machine Age as compared with the furniture of the Victorian Age to see that it is impossible to measure racial æsthetics by any tests that we have. One thing is certain—Nordics have nothing to boast about either in the field of æsthetics or that of musical ability since they have not distinguished themselves in art in a racial way.

Garth summarizes as follows: "Most of the difference found in the results of the studies of racial differences in mental traits is due to differences in nurtural factors, and the rest is due to racial mobility so that one race has a temporary advantage over another." One need not minimize the innate factors of the mental life in order to appreciate to the full the importance of those cultural differences in which the individual is immersed by virtue of belonging to a different race. They may be as crude as racial exclusion or as subtle as the most intricate type of racial prejudice operating on the tender psyche of man, directing his innate energies, thwarting his natural capacities, or fostering his special peculiarities. Personality is of an exceedingly dynamic and plastic composition, difficult to evaluate and certainly not to be measured by the instruments that our present-day knowledge has evolved.

Professor Garth's book is worth any man's reading, not because he has evolved any reliable instruments by which to measure the mentality of the races, but because he has shown the candor and the freedom from prejudice that are the very essence of scientific thinking.

A. Myerson.

Tufts Medical College.

Social Process and Human Progress. By Clarence Marsh Case. New York: Harcourt, Brace, and Company, 1931. 336 p.

Piecemeal attempts to improve society will not get us very far; they may even interfere with the entire procedure. Nothing short of a complete reorientation of our social philosophy and our religion will save modern civilization from downfall. This sober study by Dr. Case, Professor of Sociology in the University of Southern California, is of special interest to students of mental hygiene because it is in line with the tendency of one school of modern psychology to view conduct in terms of wholes. To act intelligently, we need to see immediate situations in the light of the widest meanings we can conceive.

Every thoughtful observer must accord with the indictments that the author draws, especially of the disordered, "infantile" behaviors of people in our modern cities. He instances many hang-overs from

the superstitious, prejudiced childhood of the race, and from the selfish, fretful, petulant attitudes of individual babyhood. The nerve strain still fostered in big cities by utterly needless noises is just one instance of a societal stupidity which the author does not hesitate to call imbecilic.

But he is by no means without hope. Legislation can do some things, though it is not essentially creative. Eugenics, which began as a modest, socially noncommittal proposal for decreasing the relative number of ill-born and increasing the relative number of well-born, now demands a very radical social reconstruction. It requires also a more thoroughgoing biology than the "dogmatic social philosophy under the guise of science" enunciated by writers like Albert E. Wiggam. As prime movers in this business of race betterment, Dr. Case sees religion and a new social education, especially better education for adults, since adults decide for better or worse what shall be learned by the young.

He stresses the need for religion because concern for processes has a tendency to dim our sight of the meaning of the goal, and a living sense of the supreme good of life is indispensable. The anti-religion of the last seventy-five years rested upon a crude philosophical materialism which, it would seem, is now discredited as philosophy and undermined as science. Psychology, too, is now stressing the importance of wholes in human experience, "particularly those larger aspects of concrete reality glimpsed by means of religion and the fine arts." Without appreciation of the things of eternal significance, any pattern for the conduct of the days and years will fall short.

To many readers, Dr. Case's treatment of his problem will seem quite abstract. He intended it for students already acquainted with the kind of thinking expected of sociologists. Others no less will be helped by examining the immediate problems of human maladjustment in the large perspective here offered. All society must work with the mental hygienist, not against him, as more than once it does. The societal job of increasing the riches of mind and spirit that the author outlines is tremendous, but not disheartening. If neither Pollyanna nor her confirmed opposite will be moved by a book like this, others will be grateful for the light it offers.

HENRY NEUMANN.

Brooklyn Ethical Culture School.

ANGER IN YOUNG CHILDREN. By Florence L. Goodenough. Minneapolis: University of Minnesota Press, 1931. 278 p.

The forty-five young children whose behavior is reported in this statistical study constitute, as Dr. Goodenough points out, a highly selected group. Their parents, in educational and social status, come

from the upper ranks. In addition to this limiting factor, there are other conditions to be kept in mind, all of them disarmingly stated by the author. The data, gathered over a period of one month, were recorded by the mothers themselves, with all that this implies of lack of training in observation, selection, and recording. The psychological factor of emotional bias, conscious and unconscious, is of course of the greatest importance.

The aim of the study was to investigate the frequency, duration, causes, and methods of handling of anger outbursts. As questionnaire material was found to lend itself very imperfectly to discussion of underlying causes, the final classifications are based on the "overt character of the immediate stimulus." While classification in terms of external conditions has some value, it is scarcely to be compared to the worth of intrinsic meanings. The clinical approach to such a problem is apparently the answer.

This is not to say, however, that no interesting implications are to be found in the material as it exists. Problems of social relationship seem to be the largest single source of anger outbursts. These reach a peak at three years of age, when, as other studies show us, the child is beginning to be aware of, and to coöperate with, other chlidren. Situations in which authority is involved, frequently in connection with other problems, loom large as occasions for anger. The older children do adapt themselves to social demands, however, so that they conflict less and less with adult standards. Quite as one would expect, anger arising from problems of self-help occurs more frequently as age increases. Some problems of self-help arise because of physiological and physical immaturity, but there still remains the anger that is a response to the psychological implications of self-help. This distinction is of necessity only briefly discussed by the author because of the nature of her material.

To those who have had clinical experience with disadvantaged parents and children, the data on methods of control are startlingly familiar. All the disciplinary measures—from threatening, frightening, and bribing to reasoning, ignoring, and praise—are reported by these children's parents. Social workers particularly will be interested in the discrepancies found between what the parents reported their methods to be before the study began, and what the records revealed them to have been during the period of observation. The first report indicated frequent usage of the most approved methods; recorded data gave evidence of much undesirable handling. The most *frequently* used methods were, however, reasoning and ignoring. The most ineffective methods were coaxing and soothing. Reasoning and scolding, when used alone, were also rather ineffective. Isolation,

ignoring, and praise seem to have been most effective, both immediately and in the long run.

Though obliged to treat the material statistically, Dr. Goodenough's interest in qualitative analysis as well led her to closer examination of the descriptive data. The implications that she makes from these incomplete records are best stated in her own words:

> "A subjective judgment of the total home situation secured by a consecutive reading of all records for each child leads to the conclusion that the control of anger in children is best achieved when the child's behavior is viewed with serenity and tolerance, when the standards set are within the child's ability to achieve, and when these standards are adhered to with sufficient consistency to permit the child to learn through uniformity of experience, without such mechanical adherence to routine that the child's emotional or physical well-being is sacrificed to the demands of an inflexible schedule. However, when departures from the established schedule are made, they should be determined by a recognition of the needs of the child and not simply by the convenience or mood of the adult in charge. Self-control in the parents is, after all, likely to be the best guarantee of self-control in the child."

JEANETTE REGENSBURG.

New York School of Social Work.

THE CHILD'S CONCEPTION OF THE WORLD. By Jean Piaget. New York: Harcourt, Brace, and Company, 1929. 397 p.

This is a difficult book to review. It is peculiarly difficult for one who has not had much experience with children of the age on which this study is for the most part based—children between six and twelve or thirteen years of age. Dr. Piaget at times refers to and quotes the comments and responses of younger children, but only as supplementary material.

The material of the book was gathered by means of interviews, based upon questions arranged more or less in series. In his Introduction, Piaget makes this comment: "The psychologist must in fact make up for the uncertainties in the method of interrogation by sharpening the subtleties of his interpretation." It is the impression of the present reviewer that Piaget has in certain respects sharpened the subtleties of his own interpretation to an unjustifiable point.

Piaget tries to safeguard his method of interrogation in the following ways: The questions are based upon the spontaneous questions asked by children of about the same mental and chronological age. The interviewer first tries to stimulate the child to talk about the general topic on which he is to be interviewed, so that the adult can get an impression of the child's vocabulary in the field, and use words that will be understandable to the child. The adult tries to use words

with the meaning that the words seem to carry for the child. Piaget believes that even when the child invents an explanation, or tries to repeat what he has learned from adults, he invents or repeats with a selection and emphasis that reveal his spontaneous thought.

The procedure was carried out by Piaget and his staff at Geneva with French-speaking Swiss children. To check the results in another social environment, the process was repeated with some French-speaking children in Paris and with some Spanish-speaking children in Madrid and Santander. Piaget says: "The astonishing resemblance of children amongst one another—at any rate, of civilized children, of whatever social class, country, or language—makes it possible to see fairly rapidly whether a particular conviction is general, lasting, and even capable of resisting the first adult lessons."

The responses of the children Piaget classifies into five types of answers: (1) answers at random; (2) romancing; (3) suggested convictions; (4) liberated convictions; and (5) spontaneous convictions. The spontaneous convictions are convictions that the child has already formed about the world and is led to express by the question. The liberated conviction is a conviction that is the immediate product of thinking started by the question. Piaget argues that if, in fact, all children of the same mental age arrive at the same conception of a given phenomenon, in defiance of the variations in their personal circumstances, their experiences, the conversations they have overheard, and so forth, this may be regarded as a prime guarantee of the originality of the conviction.

The responses obtained in these five types of answer Piaget classifies into three main groups of concepts about the world, to which he applies the term realism, animism, and artificialism.

Under the head of realism, he discusses the child's idea of the nature of thought; the reality of the names of things to the young child (nominal realism); dreams and their relation to reality as the child understands it; and, finally, participation and magic.

In discussing realism it is indispensable to establish clearly and before all alse the boundary the child draws between the self and the external world. In the first stage, from about six to seven years of age, the child says that thinking is with the mouth. Thought is identified with voice. At this stage the name of an object is part of the object (nominal realism). The second stage, marked by adult influence, is one in which the child no longer identifies thought with voice, but says that we think with the head. It is at about eight years that the child reaches this stage. In the third stage, reached at about eleven years, thought is no longer materialized.

In the first stage the problem of names probes to the very heart

of the problem of thought. In learning the names of things, the child believes that it is doing more: it thinks it is reaching to the essence of the thing and discovering a real explanation. As soon as it knows the name, the problem no longer exists. At first, the name is in the thing. Next, the name comes from men, but was made with the thing. Finally, the name is regarded as due to the person who thinks about the thing. Nominal realism is so firmly rooted in children's minds up to the age of nine or ten that the existence of things before they had names is regarded as impossible. Until the age of six or seven names come from the things themselves. They were discovered by looking at the things. This first and crudest form of the confusion between sign and thing disappears somewhere about the age of seven or eight. The disappearance of the confusion between internal and external comes at about nine or ten, when names are localized "in the head." But as we saw with the notion of thought, it is not before the age of eleven that thought is regarded as immaterial, and names as things thought of.

The primitive state of every conception is realistic. All that a child knows appears to it to be its own discovery and what it does not know it regards as forgotten. The term participation is given to that relation which primitive thought believes to exist between two beings or two phenomena which it regards either as partially identical or as having a direct influence on one another, although there is no spatial contact or intelligible causal connection between them. The term magic is used to indicate the use the individual believes he can make of participation to modify reality. Magic is the pre-symbolic stage of thought. From this point of view, the child's magic is a phenomenon of exactly the same order as the realism of thought names and dreams. Just as the child makes his own truth, so he makes his own reality. Illustrations of participation are the methods by which a child tries to modify or control events by such acts as counting under certain conditions, touching certain rails in a fence, stepping over all the cracks in a board walk, trying to prevent the rain from starting again by keeping on a raincoat after the rain has stopped. Hundreds of popular superstitions may be regarded as adult participations.

By the term animism, Piaget means the custom of children of regarding as living and conscious a large number of objects that to the adult are inert. No one doubts the fact that children do think in this way. Not only is the habit of regarding and treating objects as if alive characteristic of children, but many instances of it in adults are easily thought of, as when a man who stumbles over a chair kicks it in anger as if the chair had intentionally tripped him

up. When an automobile goes wrong, its adult driver swears at it. Many people give names to automobiles and speak of them as if they were alive. The child starts his thinking as if life and thought and purpose were universal, not only in other human beings and in animals, but in objects as well. It is only gradually that he learns to distinguish certain objects in the world as without thought or consciousness. "Animism" is a familiar and universally accepted idea. Piaget gives excellent illustrations of it and an account of the way in which the child builds up a concept of life as distinct from non-living matter.

Piaget's third class of childish convictions, to which he gives the name artificialism, is less familiar and much less convincing. When children are asked to explain the origin of things—where did the sun come from; how did the stars get into the sky; how did the lake begin; and so forth—Piaget says that they display a universal tendency to say that men made them, or, after the beginning of religious instruction, that God made them. The underlying concept, he thinks, is that between maker and thing made, a concept upon which the child falls back for the explanation of the origin of everything in the world. He even says that the youngest children, under seven years of age, are as apt to attribute the making of planets to man as to God. He asks whether this artificialism is spontaneous or due to religious training. He believes it to be spontaneous. This belief is based in part upon his assurance that it is possible for a good observer to discriminate between that which a child has built up by his own thinking and that which he has been taught by adults. The reader who knows little children well will be by no means so sure of this ability on the part of the adult observer.

In giving illustrations of the convictions of children based upon artificialism, Piaget says that in attempting to account for the origin of babies, children say that their parents have made the babies. He adds: "It would be most indiscreet and dangerous, from the pedagogical standpoint, to question these children on the problem of birth of human beings or even of animals"—a comment that seems very restricted and antiquated to the American educator, who believes that the facts of birth and of the formation of babies and young animals in the body of the mother should be universally told to children in their four- and five-year-old period of interest in the origin of babies.

In support of his idea of artificialism as a mode of explanation as spontaneous and as general as animism, Piaget quotes Sully, who, in his studies of childhood, says: "The one mode of origin which the embryo thinker is really and directly familiar with is the making of

things.'' In spite of Piaget and the quoted Sully, the present reviewer is not convinced. If ''artificialism'' exists with anything like the universality attributed to it, it would be even more evident in children under six years of age than it is in those between six and twelve. It is the type of explanation that would be seized upon and expressed by the four- and five-year-olds, who are just reaching the stage of generalizing and of philosophizing a bit. I have myself known well and over continuous periods over one hundred children under five years of age. Never once have I heard one of these children propound a belief that the sun, moon, stars, rivers, or lakes, or babies and young animals were *made, manufactured,* by human beings. If such an idea were expressed by the four- or five-year-old, it was with such an evident atmosphere of romancing that it seems absurd to call it a conviction or a concept of the world.

In spite of feeling compelled to disagree with Piaget to this extent about his analysis of the child's concepts of the world, one recognizes the value and the virtue of the method he pursues. To have recorded verbatim a large number of ideas about the world expressed by many children of known ages is unquestionably an important scientific contribution.

HELEN T. WOOLLEY.

New York City.

MENTAL MEASUREMENT OF PRE-SCHOOL CHILDREN. By Rachel Stutsman. Yonkers-on-Hudson, New York: World Book Company, 1931. 368 p.

Part I of this volume reviews the history of psychological investigations of the pre-school child, with brief descriptions of the various tests and developmental schedules that have been devised in this field. Although succinct, the descriptions afford an adequate basis for the selection of tests and other materials for general use or for special clinical problems.

Part II presents a detailed account of the research that was carried on in the preparation of the Merrill-Palmer scale, with special reference to methods of standardization and estimates of validity. Part III has complete instructions for giving the tests that make up the scale, as well as instructions for scoring and tables giving mental-age norms and percentile rankings for the test scores. A final chapter of Part III offers suggestions for observation of personality traits, such as self-reliance, self-criticism, attitude toward failure, attitudes of initiative and independence or of dependence, and so forth.

Part IV contains case studies that illustrate problems of interpretation of test results. The difficulties in evaluating tests of deaf

children, children who do not talk, and other special types are given full consideration. These chapters should be exceedingly helpful to the examiner who is anxious to avoid making erroneous diagnoses.

The book is an important addition to libraries of clinics or schools that provide a testing service for young children. It is certainly a necessary handbook for any examiner who is using or wishes to use the Merrill-Palmer scale.

PHYLLIS BLANCHARD.

Philadelphia Child Guidance Clinic.

CRIMINAL JUSTICE IN VIRGINIA. By Hugh N. Fuller, in association with Armistead Mason Dobie, Frederick Deane Goodwin Ribble, and Raymond Moley. New York: The Century Company, 1931. 195 p.

It must be a healthy sign of the times when one place after another becomes interested in its processes of criminal justice. Who are these people who run afoul of the law? Where did they come from, how did they get that way—and what are they like? Why were they arrested? What happened to them in court, and of twenty who face charges, how many plead guilty and how many prefer to stand trial? Do those who plead guilty get lighter sentences—and, if so, is it possible to say why? Do judges differ in the types of offense they are likely to soak with the maximum—and, if so, is it because some judges have honest convictions about the gravity of offenses, or can even a judge have a complex? Do prosecutors bargain with offenders? What part do technicalities play in conviction and acquittal—and does the limpid current of justice become churned with eddies and whirlpools known as unnecessary "safeguards of the accused"?

Such are some of the questions asked in a survey of criminal justice. Many such surveys have been held in recent years. Have they amounted to much? Alfred Bettman, analyzing them for the Wickersham Commission, wrote: "The surveys have sown many seeds which have already taken root. Here and there throughout the country reforms are being promoted which, though not always to the knowledge of the promoters, are traceable to the data or ideas contained in the surveys." And he added: "The surveys have opened the eyes of the people of this country to the complex nature of the crime problem and to the possibilities of an intelligent and scientific approach to the study of that problem." Let us hope the final sentence is true.

The trouble with the particular survey under review is that it is much too likely to put people to sleep. Ability and thoroughness

have gone into it, but it would take months to master the tables and charts.

The areas covered comprise about a third of the state. The chief subjects studied were the amount and kind of business reaching the courts; what happened to cases in courts—*i.e.*, how the courts disposed of this "business"; sentences; and time required for getting rid of the business. Then follow some interesting remarks and opinions by people around the state.

To a Virginian it is probably interesting to know that the number of felony charges filed in the courts of record since 1917 has increased far more rapidly than the increase in population. Part of this increase is due to the larger number of liquor felonies, but all felonies, except one, increased more rapidly than the population. This does not mean that crime increased; it means that *more cases reached the courts.* Moreover, "the amounts and kinds of business in the rural courts have approached more closely to those in the urban areas"; in other words, Farmer Jones keeps up with the city in respect to crime as well as in owning an automobile and in the cut of his clothes.

Sentences have become somewhat heavier. "Possibly crimes, like commodities, have advanced in price," says the survey, though the advance is not extreme. With increase in business, courts have come to dispose of cases in "easier ways than the classic trial"; the eloquent gestures of the pleading attorney are not so familiar in courts as formerly. In other words, administrative justice is encroaching upon the prerogatives of trial justice—and the business suit of the prosecuting attorney is usurping, as a symbol of justice, the undertaker's robe of the judge. We cannot be more detailed about this here, but it is interesting to know that it is happening in Virginia as well as elsewhere.

The authors of the survey think it wholly undesirable that juries should fix sentences (instead of judges) as happens in Virginia. One might ask, Why should either fix sentences? Twenty-four penological experts recently urged, in one of the Wickersham reports, that courts should confine themselves to settling the question of guilt or innocence—and that sentence and treatment should be left to a board composed of a doctor, an educator, a psychologist, a psychiatrist, doubtless a lawyer, and a few other representatives of the public. And why not? If crime is behavior, why not leave it to people who know something about behavior?

This survey was conducted under the auspices of the Institute for Research in the Social Sciences of the University of Virginia and was made possible by a grant from the Laura Spelman Rockefeller Foundation. It does not really go into the mental-hygiene treatment of criminals, but flashes are thrown off here and there, and one mem-

ber of the staff wrote this suggestive sentence: "On the other hand, it would be interesting to know whether the average criminal lawyer would define Cardozo as a place, a man, or a disease; and whether *Social Diagnosis* to him would mean a book, or the prerequisite to the cure of a physical ailment." If the statisticians had all got the flu and this fellow had been left to write the report, it would have been much more readable—and easier to review.

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RECENT ADVANCES IN THE STUDY OF PSYCHONEUROSES. By Millais Culpin, M.D. Philadelphia: P. Blakiston's Son and Company, 1931. 348 p.

This is a book that should be in the hands of all clinical psychiatrists. Composed of twelve well-arranged chapters, it may be divided into three parts:

The first includes chapters on historical outline, on the psychoneuroses of war, on the present position of psychoanalysis, and on the relation between physiological and psychological processes. The discussions under these headings are most interesting, especially the brief case abstracts that illustrate psychotherapeutic results. There is an excellent review of the psychotherapeutic schools of Freud, Jung, and Adler.

The second part of the book, beginning with Chapter V, deals with classification and diagnosis. The classification given is a very practical one, dividing the psychoneuroses into (1) hysteria, (2) anxiety states, and (3) obsessional states. The clinical symptomatology of each group is thoroughly reviewed and the discussion of anxiety symptomatology is well organized.

The third part of the book is excellent, giving considerable original work on the occupational neuroses, on the psychoneuroses of industry, on analytical psychology, the psychopathology of childhood, and psychotherapeutic clinics. Of special interest is Chapter VII, on the occupational neuroses, with its discussion of telegrapher's cramp and complete investigations made through the use of the ergograph, the McDougall-Schuster dotting test, and a newly devised instrument, the peizograph, which registers the pressure exerted on the Morse key in sending the telegraphic message. The importance of completing all possible clinical investigations in dealing with the psychoneuroses is clearly shown. The discussion of miner's nystagmus as an occupational neurosis is also of interest. In these chapters we see again the wisdom of frequent illustrative case histories. Chapter IX, on individual psychology, contributed by Dr. Redfern, is an excellent summary

of Adler's psychotherapeutic system. Methods of practice are discussed, and a very useful guide is given "to the kind of investigation required for a complete study of the life plan of the patient." Chapter XI, contributed by Emanuel Miller, on the psychopathology of childhood, and Chapter XII, by J. R. Reeves, on psychotherapeutic clinics, form an appropriate ending to this excellent volume. A very complete bibliography and index add greatly to its value.

Incidentally, the publishers are to be congratulated on the appearance of the book. It should be in the library of every psychiatrist and will be most useful to the internist and medical student also.

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LE TRAITEMENT DES MALADES NERVEUX ET MENTAUX. By Dr. W. Morgenthaler and Dr. O.-L. Forel. Berne: Verlag Hans Huber, 1930. 242 p.

This textbook on the treatment of nervous and mental patients is published under the auspices of the Swiss Society of Psychiatry, of which Dr. O.-L. Forel is president. It is written for student nurses. A first edition in German by Dr. Morgenthaler appeared in June, 1930, and in November, 1930, a second edition in French, translated and adapted by Dr. Forel, followed.

The first part deals with normal anatomy, histology, and physiology, followed by a "few notions of elementary psychology." A chapter on applied psychology very wisely analyzes the special qualities required in those who intend to devote themselves to psychiatric nursing and sets forth a high professional standard.

The second part, *The Patient,* discusses the causes and evolution of mental and nervous diseases, the symptoms, and the psychoses proper. In this chapter the authors have justly kept in mind the important function of the psychiatric nurse in observing and reporting, and have laid more stress on the general symptomatology than on the description of disease entities; on the other hand, the short descriptions of the main psychoses are excellent, especially those of the alcoholic psychoses and of schizophrenia. In the case of the latter mention is made in a few words of the descriptive conception of Kraepelin, then of Bleuler's "psychopathological" views; "as its name indicates, schizophrenia is above all a rupture of those ties of dependency and of the reciprocal actions which unite the various elements of our psyche. Indeed, in the normal, sentiments, thoughts, tendencies, and instincts remain in a logical, or at least comprehensible harmony. In the schizophrenic, on the contrary, that harmony is abolished or falsified, as if the parts of that kind of 'puzzle' which constitutes our psyche were scattered pell-mell or as if they

obeyed elusive rules." Such concepts as Jung's introversion and Bleuler's autism find place in this 5-page description of schizophrenia. While this concise chapter is written in a simple, easily comprehensible style, it conveys an eclectic conception in which the views of Kraepelin, Bleuler, Jung, Meyer, Kretschmer, and Freud are discernible.

The third chapter, which makes up the greater part of the book, deals with the care of the patient. 'An introduction of important psychological significance discusses in detail the mental attitude of the pupil nurse to the nursing profession in general, to the patient, to the patient's family and friends, to fellow nurses, to the physicians, and to the authorities. The pupil nurse is impressed, as in the whole book, by her responsibility. Special installations in psychiatric establishments are explained. Prejudices against psychopathic hospitals are described and the ways in which the nurse may coöperate in removing them are given.

The forms of reports to be filled by the nurses give an idea of the thoroughness of their training. The report on admission of the patient includes, among other things, weight, height, special features, temperature, pulse, state of nutrition, cleanliness, skin, scars and wounds, deformities, gait, behavior, mood, politeness, and inventory of clothing and luggage. Form III of a further report to be filled by the nurse covers the following points: character, cardinal symptoms, accessory symptoms, attitude, behavior when alone, behavior in the group, sentiments, rapport with the other patients, rapport with the personnel, rapport with the physicians, will, energy, initiative, orientation, insight, delusions, illusions, hallucinations, dream states, autism, attacks, absences, vertigo, general mood, temporary moods, language, mannerisms, tics, peculiarities, intestinal functions, erotic and sexual manifestations, behavior at night, special interests, behavior in the shop, reading, games, music, distractions, religion, reaction toward family and visitors, politics, opinion of himself and opinion of him held by other patients, aspirations, capacities, qualities, deficiencies, talents, attitude toward the hospital, opinion of the usefulness and duration of his hospitalization, ideas or sentiments concealed by him, danger of suicide, ideas of escape, complaints made by him, changes in his physical or mental condition, and so forth. This chapter, which is most practical, goes into minute details of the care of most conditions met with among mental patients. It stresses the importance of occupational therapy (*ergothérapie*) and mentions among other things the important contribution of Simon (at Gütersloh, Germany) in that field.

A fourth chapter, *Mental Hygiene and Assistance*, traces for the student the evolution of the practice of psychiatry from the purely custodial care of advanced psychotic patients in closed asylums to

the treatment of early cases in modern hospitals; it discusses all forms of mental prophylaxis and pays homage to the work done in the United States in that field.

In a fifth chapter, *History of Mental Medicine,* the authors, in a short summary based on writings by Kraepelin and Morgenthaler, give an historical account of the treatment of the insane since antiquity. Proper mention is made of the reforms brought about by Pinel and Conolly.

An appendix includes a description of the profession of psychiatric nursing and a plan of study for psychiatric nurses, both drawn up by the Commission on Hospitals of the Swiss Society of Psychiatry, and both of more than local interest.

A list of modern books on psychiatry and allied subjects is submitted to the student. Included in this list of French and French-Swiss authors are also French translations of Adler, Freud, and Kretschmer.

A good alphabetical index concludes the book.

Seventy-one excellent plates complete the text. These include drawings by paretics and bizarre productions of schizophrenics, airplane views of old-fashioned and modern hospitals and views of interiors of modern hospitals, illustrations of burns caused by negligence and of occupational-therapy work, and reproductions of famous paintings (Kaulbach, Silvio, Signorini) depicting the deplorable conditions of neglect and cruelty in the old *"cabañons"* and asylums.

Throughout the book the authors keep up the interest of the reader through their personal style; they make excellent use of the *"echothymie"* (emotional rapport) that they advocate. One feels that while the requirements for psychiatric nursing as set forth by Morgenthaler and Forel are most exacting, their high regard for psychiatric nurses, "our associates and collaborators," must necessarily engender a fine professional spirit among the pupil nurses. And that is one of the great merits of this textbook. As such, it would no doubt find a place with the English-speaking public, with slight adaptations for the English or the American reader.

René Breguet.

New York City.

The Diagnosis and Treatment of Brain Tumors. By Ernest Sachs, M.D. St. Louis: The C. V. Mosby Company, 1931. 396 p.

Even more than the students for whom Dr. Sachs has written this unique text, physicians, neurologists, and psychiatrists who are conscious of the general tardiness with which these comparatively obscure and difficult cases are diagnosed at present will profit by his clear and simple exposition. Bearing in mind the textbook purpose—

and, as the author says, there was no book of the kind to which his students could readily refer—one finds little that is new to the neurosurgeon. But even the latter, if he be not a modern—whom Sachs describes in a prefatory note as one who is neurologist as well as surgeon—can profit by the author's experiences, as can the trained neurologist. The enviable—almost tabloid—clarity and simplicity of the presentation make gratifyingly available to the reader the obscure and protean symptomatology, as well as the advanced therapy. And this same simplicity and clarity will render it invaluable to the neurosurgeon in that it will enable his colleagues to refer their cases to him in earlier and more satisfactory stages of the disease.

For readers of this review, one may dismiss the greater part of the book with the statement that the chapters on surgical anatomy, physiology, methods of examination, and those on differential diagnosis and technique of operating are complete, modern, and lucid—again bearing in mind the limited textbook purpose. The fourth chapter, on general signs and symptoms of brain tumors, lays sufficient stress upon the occurrence of convulsions in brain tumor. Sachs states that this is the most frequent cause of convulsions in young adults who have not had syphilis and advises pneumoradiography as a diagnostic aid of enormous value.

In the fifth chapter, he discusses frontal-lobe tumors, remarking upon the changes in personality and memory and the emotional changes that occur, which may be of particular interest to readers of this journal. Those who have worked in mental hospitals will have seen cases of brain tumor admitted in psychotic and degenerated mental phases who, with their families, might have been spared much suffering and the onus of commitment—might, in fact, easily have been cured—by sufficiently early diagnosis and operation. For it is, strangely enough, just those desirable surgical cases of frontal meningeoma which, in their earlier stages, so frequently present mental symptoms and too few physical signs to bring them into the hands of a neurosurgeon at a time when he could very possibly make a proper diagnosis and operate with excellent results. If Dr. Sachs's book can teach those who first see such cases to turn them over to more skilled hands, it will have done a good work; for Davidoff's monograph—to quote a most apt example—on brain tumors in mental-hospital patients, revealed that about 20 per cent of the autopsied tumor cases were meningeomas, representing a most unhappy failure, not only in the matter of clinical diagnosis, but in the denial to one of the most favorable types of neurosurgical risks of the benefits which that special field of therapeutic endeavor has to offer.

FRITZ CRAMER.

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THE SEX FACTOR IN MARRIAGE. By Helena Wright, M.B. New York: The Vanguard Press, 1931. 122 p.

MAN AND WOMAN IN MARRIAGE. By C. B. S. EVANS, M.D. Chicago: Bruce Roberts, 1931. 113 p.

"Sex is one of the most fundamentally important things in life. To understand it, to control it, and to enjoy it rightly should be the aim of every sensible grown-up person. Unfortunately, it is not considered a necessary subject in our system of education, and, in consequence, an overwhelming majority of people have no choice but to fling themselves into marriage, ignorant, unprepared, vaguely hoping for the best. The mysteries and difficulties of the successful accomplishment of the marriage act often baffle them, and regretfully, and unnecessarily, they lose the best experience of life, a marriage triumphantly happy and satisfying to the whole of their natures."

With this introduction Dr. Helena Wright begins a fifteen-page philosophical dissertation on the mental, spiritual, and physical sides of sex love, before getting down to the real business of the book, which is the description of the technic necessary to produce a satisfactory sexual intercourse. In this description the author has given a very clear and readable exposition of the various factors and practices that are too often overlooked by young married couples, who, either from a false sense of shame, or from pure ignorance, fail to realize that sexual intercourse requires both knowledge and practice in order to be consummated satisfactorily.

Preceding the technical description, there is an excellent chapter on the anatomy and physiology of the male and female genitalia, of which the only possible criticism is that it is too far simplified. The lay reader, however, may find this a help rather than a hindrance.

Dr. Wright discusses the hymen at considerable length, and suggests several alternatives to its post-marital rupture, among which are education of girls to manual dilatation of their own hymens, and manual rupture by the husband on the marriage night. This seems to presume rather more anatomical knowledge than the present writer has found among the husbands of his own private patients.

Sex is an emotional experience. Consequently it becomes a difficult matter to treat its most intimate details in a coldly analytical manner. Dr. Wright has almost succeeded in doing this. After she has proffered her "sympathy to all those readers who feel that to put a beautiful and holy thing into words is to spoil it," it develops that her medical statements are sound, and she has done well with the difficult task of omitting unessential details.

Covering much the same material, but from a slightly different angle, Dr. C. B. S. Evans spends considerable space on a dissertation of the causes of so-called "frigidity," "so-called" because he says

that "there is no natural reason why women should be less amorous" than men. Although both books are sympathetic with the female partner, Dr. Evans is especially so. Both may be safely recommended, Dr. Wright's as a primer for the novice in the art of sex, and Dr. Evans', dealing as it does with the "problems that actually come up in everyday life," as an aid to married couples who are not in perfect sexual adjustment.

WILLIAM F. MENGERT.

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PSYCHOPATHOLOGY; ITS DEVELOPMENT AND ITS PLACE IN MEDICINE. By Bernard Hart, M.D. Second edition. London: Cambridge University Press, 1929. 175 p.

The second edition of this well-known volume is the same as the first except that a new chapter of 21 pages, entitled *The Conception of Dissociation,* has been added.

The first three chapters of the book consist of the Goulstonian Lectures delivered by the author in March, 1926, before the Royal College of Physicians in London. Comprising 93 pages of the text, they represent the most important part of the book. In them the fundamentals of psychopathology are brought out, and a critical analysis is made of the views of the leading psychopathologists. These three chapters should be required of every student of psychology. They constitute a simple, logical evaluation of the claims of the various schools of psychology, and an excellent appraisal of what is worth while in each.

Obviously, the references to psychoanalysis will be closely scrutinized by all those interested in Freud's formulations. Hart cannot be classed either with Freudians or with the anti-Freudians. His view is that there is much of value in the psychoanalytic formulations, but he points out how, in many respects, the psychoanalytic formulations do not measure up to the demands of a scientific conception. Probably the psychoanalyst will feel that his criticisms are not completely valid, while the opponent of psychoanalysis will feel that he does not condemn it sufficiently.

The reviewer finds himself in complete accord with Hart's views. Therefore, he naturally feels that Hart has done a valuable work in pointing out what is worth while and what is erroneous in psychoanalytic concepts. Some of his criticisms are worth mentioning. For example, the usual reply of the psychoanalyst to his critic is that the critic must subject himself to the psychoanalytic process in order to pass judgment on it, and that if he does so, he will be convinced of the validity of the psychoanalytic formulations. To Hart, such

a test has no value from the scientific point of view. He maintains further that the recovery of a case treated by psychoanalysis is no proof of the accuracy or the validity of the methods used, pointing out that the *post hoc, propter hoc* fallacy has been exposed time after time in medicine. His position with regard to Freud's formulations is summed up in the following sentence: "We may draw the final conclusion that, although the theories of Freud do not attain the standard demanded by the canons of science, some of his conceptions approximate very nearly to that standard, and perhaps as nearly as any psychological conceptions can approach."

Chapter 4, entitled *The Psychology of Rumor,* represents a paper originally published in 1916, which has particular relation to the war rumors that were being circulated in England at that time.

Chapter 5, *The Methods of Psychotherapy,* is a lecture given in 1918. This chapter of 28 pages is an unusually simple and clear formulation of the subject, dividing psychotherapy into three types—suggestion, persuasion, and analysis—and explaining how each method works.

Chapter 6, *The Conception of Dissociation,* is a critical discussion of Janet's conception of dissociation. The difference between this conception of Janet's and Freud's conception of repression is pointed out. After a comparison of these two conceptions, Hart attempts to show how the term repression has come to have a different meaning from the term dissociation, and why the psychoanalyst has not been able to incorporate Janet's formulations into his own work.

If any criticism were to be made of this book, it would be that it is made up of a number of different lectures which do not fit together too closely in one book. On the other hand, with the exception, perhaps, of the chapter on *The Psychology of Rumor,* the material is all concerned with very fundamental concepts in psychopathology and as such merits a reading by all those interested in psychiatry.

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NUTRITION AND PHYSICAL FITNESS. By Jean L. Bogert. Philadelphia: W. B. Saunders Company, 1931. 554 p.

This volume is a synthesis, from the various fields of knowledge, of the more important of the established facts regarding nutrition and its bearing on health. It is a textbook in that it omits no significant aspects of the subject and presents the material in orderly fashion. But it is popular in its wording and in its omission both of references to the literature and of a bibliography.

The volume is in the main extraordinarily good. From the literary point of view, one must criticize the length of the paragraphs and

their lack of internal unity, and at times the syntax (*e.g.*, the shift from indicative to imperative on page 418).

Regarding the subject matter there is little adverse criticism to be made except that the emphasis at times seems to have been wrongly placed. For example, the psychologically approved methods of "making" children eat a correct diet do not stand out as they should, although they are suggested. The casual reader might be left with the impression that the time-dishonored methods (compulsion, nagging, bribing, punishment, and so forth) had to be used.

Another rather important misplacement of emphasis is found in the chapter on diet for correcting constipation. The emphasis is entirely on one type of constipation and the need of a high-residue diet to prevent and correct it. The need of limiting the coarser roughage and other irritants in the case of certain types of normal individuals is certainly as deserving of emphasis in this chapter, but it is referred to only in a footnote in another chapter and in the chapter on diseases of the digestive tract.

The volume as a whole, however, impresses the reviewer as a valuable contribution to the list of books on nutrition. Although neither the author nor the publisher makes such a claim for it, the reviewer would suggest that it would be of use to medical students and even to practicing physicians, as an aid to the correlation of the facts already learned from various sources, but not as a rule gathered together into a unified and practically available body of knowledge. The young physician ought to find this book a stimulus to a better organization of his own ideas, and to a more practical mobilization of them in the service of his patients. Taking into account physicians' errors both of omission and of commission, there is probably more virtual malpractice in the field of dietetics than in any other field except that of mental hygiene.

FLORENCE MEREDITH.

Boston.

PERSONAL PROBLEMS FOR MEN AND WOMEN. By Karl M. Bowman, M.D. New York: Greenberg, Publisher, 1931. 274 p.

In this volume, Dr. Bowman has presented in a simple manner the general and familiar facts concerning human behavior. There is excellent balance and judgment in his weighing of the various factors arising from heredity and physical existence, from the glands of internal secretion, and from the various interactions of physical disease in so far as they modify personality, affect mental health, and lead to conduct disorders, delinquency, or criminality.

His presentation of the theories of Watson and Freud, and his

discussions of instincts, emotions, and mental conflicts are scarcely adequate and will not elucidate the subjects in question very much for those who are unfamiliar with the general principles that he describes. He is aided in part by his mode of case illustration.

Dr. Bowman is particularly successful in his middle-of-the-road approach to the problems of child training and in his treatment of adolescence. There are brief discussions of certain specific problems, such as fatigue and sleep, tobacco and alcohol, and the like, but these present nothing new, nor can they be deemed sufficient to aid people in solving their own difficulties. Unfortunately, in the effort to write popularly and within definite page limits, the author's wide experience has not been capitalized.

Like all books, this one would have been improved by an index, which always adds real values to the mental health of a reader in search of specific information.

IRA S. WILE.

New York City.

CREATIVE MIND. By C. Spearman, F.R.S. New York: D. Appleton and Company, 1931. 162 p.

This is the first volume in the series, "The Contemporary Library of Psychology," which is being issued under the editorship of Professor Francis Aveling. The series has been planned to meet a need felt by students and by the public, who are eager to view modern psychology in true perspective. The rapid advances made in recent years in this field, consequent upon an increased use of scientific methods, have made difficult the task of systematizing one's own knowledge, gathered from various sources and presented from various points of view. Hence the danger that ardent enthusiasm for one particular system, narrowly conceived, may cloud the open-minded judgment of the student. It is hoped that this series, which will embrace all the major topics of the science, will constitute a comprehensive view of the field without loss of scientific accuracy.

It is perhaps most fitting that the first book of the series should be from the pen of Professor Spearman. In a science characterized by masses of undigested data, yet comprising some of the most ardent partisanship in the realm of thought, the thing most needed is a consistent, systematic approach, backed by a methodology that starts from the data of experiment and reveals their inner meaning. This need has been realized by no one more adequately than by the author of the book under review.

It is difficult to give any worth-while description of this book without treating of the intensive and comprehensive research con-

tribution for which psychology is indebted to the author. None the less, the reader who is unacquainted with that contribution need not be deterred from studying this most recent offering from one who combines clearness of presentation with a literary style that cannot but be pleasing because of its beauty.

The main theme is implied in the title. The noegenetic laws—the fundamental principles of knowing—which collectively represent one of the outstanding triumphs of long years of investigation, are described and illustrated. Their import is then portrayed in the practical realms of pictorial and other fine arts, of scientific discovery, of behavior, of fancy, of thought generally, in such a way as to indicate the psychological bases of all mental creativeness. This is unquestionably ambitious. And at many points one feels a strong desire to be allowed to pause and ponder further the implications that arise, rather than be carried along with the fluent stream of psychological thought, depicted as it permeates some of the most intimate phases of experience. But this is very refreshing at a time when so much that is published under the banner of psychology seems completely divorced from human living.

The reviewer cannot bring himself to offer criticisms of this book. It contains more than an account of an aspect of psychology. It links science with art, with philosophy, with experience; and at the same time it manifests the touch of an artist in a manner that reminds us of that most humanizing of psychologists, William James. Intellectual criticism seems, therefore, out of place. One can only reiterate that, to the layman, the book introduces some of the finer aspects of psychological thought, while to the student, it brings a refreshing insight into the personal value of his science—an aspect of applied psychology all too frequently neglected in the zeal of applying our knowledge to others.

W. Line.

University of Toronto.

Our Knowledge of Other Minds; A Study in Mental Nature, Existence, and Intercourse. By W. Wylie Spencer. New Haven: Yale University Press, 1930. 145 p.

This is a book of argument rather than evidence. The question that it sets out to answer is: "How does each one of us know that there exist other minds than himself?"—a question representing, we are told, one of the basic problems of philosophy, and yet one that has received surprisingly little detailed attention. The author repeatedly makes plain the reason for this neglect: the matter has come to occupy the status of a fundamental belief for the great majority of

people; for them, it is no longer a problem. Mr. Spencer believes that from the philosopher's standpoint it is worthy of 145 pages of argument. And from the philosopher's standpoint this may be and probably is entirely true. From the standpoint of the ordinary cultured reader or that of the professional reader whose life is deeply involved in the struggle with thoroughly concrete issues, the performance comes close to that described by Mencken as "flogging the obvious till it bleeds at the ears." This is not to say that the book is valueless—far from it. One feels that the professional philosophers will accept it and be satisfied that it is a good piece of work.

The problem has manifold bearings upon ethics, politics, and religion. These in their modern form are really based upon the affirmation of the proposition. Religions of the mystical type—those originating in the desert, for example—thrive in the complete absence of social contacts. Others thrive where social contacts are close. Christianity probably owes its acceptability and its durability to the fact that it has both mystical and social aspects; and even in its mysticism, there is the strong sense of God as a person. In its social aspects God is looked upon as the mediator in social relationships.

The author's attention is first directed to solipsism—the denial that the individual is in contact with an external world or that there are other minds than the individual's own. His interest is chiefly in the limited form of solipsism last mentioned. To step out and flatly label all this as absurd smacks too much of a repression based upon fear. It is much better to accept it as a possible interpretation of the world and then undertake to demolish it by skillful sniping and the laying on of heavy barrage. This the author does as well as anybody could, probably far better than most. Calling upon Fichte for his "moral coercion" and James for his "will to believe," he gets us into the position of thoroughly agreeing with Carlyle, who, when he heard Margaret Fuller exclaim, "I accept the Universe!" muttered, "Gad, she'd better!" We are prepared to acknowledge the Universe because it serves us better acknowledged than denied. A real world with real minds is a world of real values, more valuable than a dream world and, therefore, more worthy of affirmation.

The next step is largely psychological—an attempt to gain some idea of what is meant by Mind and to set out the characteristics of Mind. These latter are enumerated as:

1. *Association with a body*—no answer being attempted to the difficult problem of establishing just what the relationship is.

2. *Consciousness*—diaphanous, transparent, curiously elusive when an attempt is made to define it, but probably most nearly described by the term "awareness."

3. *Mental process*—cognition, feeling, conation, and various combinations.

4. *Emotions and emotional systems.*

5. *Elasticity*—the capacity of Mind for stretching over a mental area without breaking its unity, best exemplified in sense perception, memory, and synoptic vision.

6. *Attachment*—the "greater intimacy" of some of the elements making up mind—*e.g.*, "feeling."

7. *Detachment*—the entertaining by Mind of two or more noetic systems, independent of one another.

8. *Coactivity*—the power of Mind to be dominated by one idea or one set of ideas, best exemplified in scientific inquiry and artistic enterprises of all kinds.

9. *Valuation*—the capacity for making judgments or evaluating propositions in respect to truth.

Now comes the effort to "untie the knot that common sense prefers to cut"—the argument for the existence of these characteristics elsewhere than in one's self. Mills's well-known argument from analogy—the traditional proof of the existence of other minds—is examined critically, possible objections are noted, and the conclusion is reached that, as it stands, it can never be regarded as conclusive. With some reconstruction and rehabilitation, however, it can be made to serve. Search must now be made for specific criteria. It is carried out in the field of physical activities—not physical activities in general, but only those that might afford suggestions of the existence of other minds—"bodily expressions," as the author calls them. After no small amount of travail, the conclusion is reached that evidences of the noetic powers of Mind are the most cogent for the author's purpose. Evidences of coactivity, judgment, and valuation are advanced and illustrated and it is concluded that there are beings other than ourselves who exhibit these characteristics. Whether or not awareness or consciousness enters into them, is an idle question. When the probabilities are so great, "it is not good sense and consequently not good philosophy to remain in doubt." Philosophy puts the seal of its approval on that which "common sense" has to offer. Early in the book one notes that "philosophy has a much more strenuous ideal of what shall pass for knowledge than has common sense."

A. T. Mathers.

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NOTES AND COMMENTS

Legislative Notes

Frederick W. Brown
Director, Department of Information and Statistics,
The National Committee for Mental Hygiene

During the year 1932, the legislatures of the following nine states and the United States Congress meet in regular session: Kentucky, Louisiana, Massachusetts, Mississippi, New Jersey, New York, Rhode Island, South Carolina, and Virginia.

To date no legislation of general mental-hygiene interest other than routine appropriation bills has been reported.

Thirteenth Annual Report of the Commonwealth Fund

The sum of $594,036—over a fourth of a total disbursement of $2,232,261—was spent in 1931 by the Commonwealth Fund in financing various forms of mental-hygiene work. The greater part of this amount was appropriated for child-guidance-clinic activities, which have always been the Fund's major mental-hygiene interest. The part that it has played in the development of these clinics, both in the United States and in England, is too familiar to readers of Mental Hygiene to need repetition here. Commenting on this phase of its work, the Annual Report of the Fund states:

> "When the Commonwealth Fund entered the mental-hygiene field not quite ten years ago, the existing clinics of this type might have been numbered on the fingers of one hand. The latest edition of the *Directory of Psychiatric Clinics* (1931) lists no less than 232 clinics in which children are served by the threefold team of psychiatrist, psychologist, and psychiatric social worker—the distinctive child-guidance pattern—and 30 of these are giving full-time service. The number of full-time clinics is 50 per cent greater than it was in 1929. During the past year two more clinics have been opened in Michigan with the aid of the Children's Fund, another has begun work in Pittsburgh, and a clinic to serve the public schools of New York has been partly organized. . . .
>
> "It is possible to count clinics, but it is impossible to estimate the spread of their influence during their decade of rapid growth. All social work with individuals has been moving toward a more objective view of human personality and reaching for a more scientific technique of influencing it, but no single force has done more to help it on its way than the effort of psychiatry to analyze the mechanisms of behavior. The child-guidance clinics have been building up a rich store of infor-

mation about children's behavior and its underlying causes, and the technique of psychiatric social work, sharpened by its contact with the clinics, has become more and more important in social work with persons of all ages.

"As the influence of the clinics has widened, their place in social work has been more carefully studied. When they began their work, they offered something new and unfamiliar; some harried teachers and parents thought of them as convenient doorsteps on which baffling cases could be dumped, as places where bad children could be made good. As time went on, it became evident that the psychiatrist was no more a demigod than the teacher or social worker, and that even the team of psychiatrist, psychologist, and psychiatric social worker could accomplish little in the face of the great mass of maladjustment, unless schools, social agencies, and parents shared the responsibility of treatment.

"Where the line will ultimately be drawn between the function of the clinic and that of other social agencies cannot yet be foreseen. It is clear that at the core of child guidance there is need for definite and often intensive psychiatric treatment, and for the leadership of the psychiatrist in the coöperative planning of treatment, even though he himself may not be the person to carry it out. It is clear also that a high degree of specialized skill in adjusting problems of individual personality is called for in many cases in the contacts of the psychiatric social worker with the family. There remains a large number of cases in which, at the moment, it seems sufficient to shift and recombine factors in the child's environment, with only a modicum of psychiatric attention. How far cases of this type may eventually be influenced by a growing perception on the part of the average case-worker of the significance of underlying emotional factors, it is impossible to say, but such treatment is essentially the familiar stuff of social case-work, and many such cases can and should be dealt with by agencies other than the clinic. Indeed the clinic becomes an extravagant luxury for the average community if it attempts to do the whole job; full child-guidance service costs too much to be spread thin over the broad field of children's misbehavior and maladjustment. The clinic justifies itself economically in proportion to its success in linking its work with other community resources. . . .

"The child-guidance clinics have only begun their evolution, but they have won their place among accepted agencies of human betterment. They stand on their own feet, and will soon be fully independent of such deliberate encouragement as the Fund has given them during the past decade. The Fund expects, therefore, to withdraw gradually from participation in the movement to extend child-guidance services, and to center its attention, in this field, on the still-pressing problems of training, evaluation, and research."

In pursuance of this plan, the Commonwealth Fund is helping to finance the new Division on Psychiatric Education of The National Committee[1] for Mental Hygiene, which is making a survey of post-

[1] For an account of this division see *The Mental Hygiene Bulletin*, October, 1931.

graduate training facilities and the teaching of psychiatry and allied subjects in the undergraduate medical schools, with the aim of suggesting improvements in both. In the meantime the Fund is offering a series of fellowships in this field.

> "Those offered at the Institute for Child Guidance, six each year, are intended chiefly for men and women with some psychiatric experience who wish to prepare for immediate entrance into child guidance or similar field work. At the Boston Psychopathic Hospital five fellowships are offered, each for three years, for general psychiatric study of an advanced grade. At the Henry Phipps Psychiatric Clinic of the Johns Hopkins Hospital, twelve fellows each year, for a term of years, are given an opportunity for varied training in an interne-residency service which involves work both at the Clinic and in such outside agencies as courts, schools, and mental hospitals, and two are selected from the group each year for an additional year of advanced study and training. Three two-year fellowships at the Colorado Psychopathic Hospital, still available under an earlier grant, are offered to men who have just completed a medical interneship, but have not yet begun specialized training; their purpose is to encourage men of real promise to enter psychiatry. Finally, the Fund holds five fellowships at its own disposal for men of various types of experience who are likely to be useful in mental-hygiene activities.
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> "Since competent psychologists are more numerous, in proportion to the demands for their service in child-guidance clinics, the Fund gives only three fellowships annually for training in clinical psychology. The incumbents work at the Institute for Child Guidance.
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> "Psychiatric social workers are more and more in demand, as has been noted on an earlier page, not only for specialized mental-hygiene programs, but for many other social-work projects. The Fund has gradually increased its provision for their training. From the early days of the child-guidance movement, mental hygiene has been well taught at the New York School of Social Work and the Smith College School for Social Work. Both institutions were closely affiliated with the Institute for Child Guidance when its work began, and the Fund offers eight scholarships annually for students of each school who do their field work at the Institute. More recently, under grants for limited periods, eight scholarships have been offered annually at the School of Applied Social Sciences of Western Reserve University, Cleveland, and an indeterminate number of varying amount are also available at the Graduate School of Social Service Administration, University of Chicago. Through these four groups of scholarships, and a similar series at the London School of Economics, the Fund is making it possible for some forty superior students, each year, to prepare themselves for psychiatric social work."

An Educational Program for a Penal System

The Commission to Investigate Prison Administration and Construction has presented to the New York State Legislature a special

report [1] on an educational program for the prison system of the state. The main draft of the report was prepared by Dr. V. C. Branham, Deputy Commissioner of the New York State Department of Correction, in coöperation with the Commission's Standing Committee on Education, whose members are E. R. Cass, Chairman, Dr. Walter N. Thayer, Senator Fred J. Slater, Assemblyman James R. Robinson, and Miss Julia K. Jaffray. In connection with the discussion of vocational work, the Commission acknowledges its indebtedness also to the Subcommittee on Trade Training of the Advisory Committee on Prison Industries, particularly its chairman, Mr. Charles J. Liebman.

The program presented in the report was formulated from the point of view of practicability. To attempt more than could be adequately carried out in the present stage of development of the state's prison system would result merely in confusion and inefficiency. The aim has been rather to suggest improvements in existing facilities and practices, with the idea of doing in the prisons very much the same thing that the schools are doing in the community—attempting to provide a good groundwork in the fundamentals of academic education, to offer a certain amount of vocational training, and to bring to bear upon the group the cultural material "that is the heritage of all individuals living in an organized community."

The first half of the report consists of a survey of the present educational system in the correctional institutions of the state, including plant, equipment, personnel, and curriculum. Data from the various institutions are tabulated and summarized with comments.

The suggested program starts out with the following main objectives:

> "1. The primary purpose of academic instruction will always be centralized about the objective of the eradication of illiteracy and the provision for each inmate of sufficient education to read newspapers fairly well, to write an adequate letter, and to be able to perform the commonplace arithmetics of everyday life.
>
> "2. The prison industries, when properly developed, will provide vocational training as discussed in this report.
>
> "3. Social education should be raised to a level of importance equal to that of academic and vocational training.
>
> "4. Cultural and spiritual interests should be greatly stimulated and to some extent supervised by certain agencies outside the department. The chief source of such assistance lies in the colleges and universities and the teaching personnel of the public schools in the vicinity of the institution.
>
> "5. No adequate educational program is at all possible, unless the present personnel is greatly augmented, salaries raised in many in-

[1] For a digest of the main report of the Commission, see MENTAL HYGIENE, Vol. 15, pp. 658–63, July, 1931.

stances, new building and equipment provided, and special training centers and supervising measures devised so as to ensure proper standards and steady growth of purpose.

"6. The entire school program of the department should be supervised by an educator on the staff of the office force in Albany. He should have the rank of educational director, with a salary of not less than $5,000. If it is at all possible, his qualifications should be threefold in nature—administrative, pedagogical, and vocational. He would be directly responsible to the deputy commissioner of correction. The state department of education would have the power of visitation and inspection, as well as assisting in drawing up courses of instruction and acting in a general consultant capacity. Direct administrative authority with the necessary supervisory powers, however, should remain within the department of correction itself. This procedure is in accordance with methods of employment of specialized personnel elsewhere in the state departments (*e.g.*, all mental-hygiene matters in public schools are in charge of a psychiatrist on the staff of the department of education.)"

As a means of bringing the educational work of the prisons up to a relatively high standard by the quickest and most economical method possible, certain specific recommendations are then offered:

ACADEMIC EDUCATION

"(a) Of prime importance is the securing of a system of teaching that will eliminate to a large extent the present deplorable practice of employing inmates as teachers. In view of the fact that there is a widespread interest on the part of educators in prison work, it seems highly advisable to utilize this interest for the betterment of penal education.

"Suggestion is, therefore, made that school-teachers (preferably male) be secured from public schools in the vicinity of the prisons on a per diem basis for night sessions. The major portion of the work can be done through these night classes. The day classes will be cared for by the head teacher, his civilian assistant, and the inmate teachers. The head teacher, of course, will direct the entire program. Extra guards will be necessary for night duty in this connection, so that safe conduct can be ensured during evening classes. Expenses will be sustained by the special-service item under Maintenance of the Institution Budget.

"The employment of adequately trained school-teachers in the prisons not only ensures a better type of instruction to the inmate than is now possible, but brings into the prison school an atmosphere that cannot help but be profitable to all concerned. Fresh viewpoints on the part of educators, the layman's spontaneity and enthusiasm are all qualities redounding to the advantage of the institution.

"Attention should also be called to the marked economic advantages of such an arrangement. The teachers will be employed on a per diem basis which in the long run should cost less to the institution than teachers on the full-time basis. The arrangement whereby the head teacher will supervise the work ensures a proper administrative set-up, so as to eliminate any possible friction between the routine of the prison and services secured from the outside.

"(b) A full-time assistant to the head teacher should be employed. Each prison should have this combination (head teacher and assistant),

so as to provide means for relief during illness and vacations, to permit special instruction to the more intelligent inmates, to direct recreational activities, and to reduce the number of inmate teachers necessary for an adequate teaching program.

"(c) Cultural subjects can be arranged through personnel of the nearby, well-established universities. Each instructor thus employed can devote a series of lectures on topics of general interest given to the entire prison population once or twice a month, during six evenings, let us say. As a supplement to this procedure, a series of special artists can be employed, much along the lines developed in the Chautauqua Circuits.

"(d) The installation of the best type of talking-picture apparatus to be obtained is recommended. The use of cheap apparatus is to be deplored. Accurate synchronization and full expression of overtones is highly desirable. This apparatus is to be used not only for recreational purposes, but also for educational films. The type of educational film to be selected should be standardized for the entire prison group by the department's educational director. . . .

"(e) The classroom group should be limited to 15 pupils, with as much individual instruction as possible. The present grade system to the fifth standard is practical, but should be supplemented by additional instruction to the second year of high school, if advisable. (This procedure is especially applicable to the reformatory groups and to Sing Sing Prison, where a fair percentage of high-grade inmates are received.) Specialized instruction is advocated. The commercial courses proved as effective in penal education as was formerly thought. This field is usurped in the community outside prison almost entirely by women. Of considerably more interest is instruction in sign painting, pictorial design, advertising, dramatics, journalism, cartooning, etc. These specialized branches can be built up by securing the aid of interested outsiders who are specialists in their fields. The universities themselves follow this procedure, by drawing from the business world.

"(f) In the clinic at Sing Sing, Elmira, and Attica Prison, as well as in all the institutions, the inmate soon after admission should be given a standardized battery of tests to determine his educational fitness. The régime followed in Sing Sing is recommended: namely,

Arithmetic test	Woody-McCall
Reading test	State literacy test
Handwriting test	Thorndike scale
English-composition test	Ability to write letter
Intelligence test	Terman revision of Binet-Simon test
Mechanical-aptitude test	Pintner-Patterson performance tests Stenquist aptitude test.

"These tests, of course, will be checked by interview with the head teacher. All this work should be closely correlated with the findings of the Classification Board, so that any peculiarities of prospective pupils can be thoroughly understood and treated accordingly.

"(g) The institution library, of not less than 3,000 volumes, should be selected carefully with the concept that it serves a threefold purpose—recreation to the inmates, textbook material for the school, and general reference. The services of the director of the state library

should be utilized in the selection of the volumes, but the warden, head teacher, psychiatrist, physician, and the vocational director will have their respective contributions of distinct value. The head teacher should give reading courses from the library and should utilize certain volumes as textbooks in specialized instruction and cultural subjects. The school, library, and auditorium should be considered as a cohesive unit in the administrative set-up of the prisons. A special item should be set aside in the budget for the annual purchase of books. This item should not be made available for other expenditures.

VOCATIONAL WORK

"(a) Personnel and equipment for industrial testing should be provided by the prison industries at the reception prisons at Attica and Sing Sing, respectively, which would have the function of trying out newly admitted inmates, regarding their trade capacities.

"While such a project properly belongs to prison industries, it may be considered from an educational viewpoint also as belonging to that border-line group of activities which are so intimately concerned with the work of classification without being a definite part of it. The final details of a project of this kind would be worked out in close relationship with the assistant commissioner in charge of industries and his associates. The educational program, of course, is concerned with seeing that the man is learning something profitable from his experience in the industries and that he is satisfactorily adapted thereto.

"Accordingly, suggestion is made that at both Attica and Sing Sing prisons an industrial classification unit be created for the careful analysis of the placement of the inmate to the job for which he is intended. This unit should accommodate approximately two hundred inmates at Sing Sing Prison, and seventy-five inmates at Attica Prison. It will serve a twofold purpose and function, and will have two separate divisions accordingly. The first division will be the psychological set-up for a careful analysis of the particular qualifications each new inmate coming into the prison possesses. The tests will be given under the direction of the psychiatrist and the psychologist of the classification clinic and will evaluate such factors as the following:

Degree of mental alertness.
General intelligence.
Quickness of muscular response.
Ability for conducting finely coördinated movements.
Judgment of distance, size, and shape.
Resistance to fatigue.
Reaction to monotony, etc.

"After these general qualifications have been determined, the inmate will then be placed in charge of a skilled shop man, who will install him at a test bit of machinery, tending either to prove or disprove the psychological findings previously made upon the inmate. It is estimated by personnel experts that industrial machinery operations can be reduced to approximately a dozen stereotyped procedures. Machinery in the prisons should be selected for testing purposes in so far as facilities permit, which will definitely determine whether or not the inmate is adaptable to that particular type of operation.

"The experience in general industry leads us to believe that this procedure will determine reasonably the man's aptitudes and capabilities so that he can be better satisfied with his job, can do his work more efficiently, and therefore adapt himself more readily to prison routine than is possible under the present comparatively unscientific methods of job assignment. It is entirely possible that the various prison industries can likewise be analyzed so as to indicate the various requirements made upon the inmates, and the industries can be grouped in such a way that a number of industries will be available for each different type of man. It is strongly recommended that the men be rotated within this particular group so as to avoid monotony of occupation as much as possible.

"(b) The attempt so often made to link up academic work with vocational training usually has led to failure. It is suggested that the superintendent of industries of each institution submit to the head teacher an outline of the procedures, such as measurement, figuring, especially where fractions are involved, spelling, as in the print shop, etc. As far as possible, the academic school work can be adapted to these requirements. At best, however, the relationship will be a casual one. Accordingly, this report does not emphasize the correlation of the two branches of education, in contrast to schemata of education devised in other penal systems.

"(c) Sufficient attention has not been paid in the past to the possibility of the utilization of the various activities in the prisons as training centers for valuable trades. Laundry, bakery, kitchen, barber shop, power house, and other institutional activities afford excellent opportunities for practical training. These activities should be studied for the purpose of determining the placement of inmates to the best advantage of the individual himself, as well as to the institution. As far as possible, actual courses of instruction should be given by skilled foremen.

"(d) The recreational pursuits of the institutions are properly considered an integral part of the educational process. There is no question but that this phase of the function of the institutions, with the possible exception of the Reformatory at Bedford Hills, has been sadly neglected. Well-balanced programs for purposeful recreation during the leisure hours of the inmates should be carefully laid out. These programs should have a certain unit which will bring about a definite training of the individual. Among traits well worth cultivating are team play, based on group effort in games, the sense of honor through clean-cut competitive effort, and the relation of the sound body to clean mental thinking. In all probability, such a program can best be developed through a director of recreation attached to the staff of the central office at Albany."

Certain special recommendations are then made for each of the correctional institutions in the state.

"It will be noted," the report concludes, "that the foregoing plan emphasizes the relation of the institution to the community. In a certain sense, the institution is a part of the community and should draw heavily upon it for specialized service. In a larger sense, the teaching staff of the institutions should be permitted to keep up community contacts, so that they will not become institutionalized. An institute for teachers,

of a week's duration at least, should be given each year, so that the teachers can come into relationship with the best educators. They also should be permitted to visit outstanding institutions within New York State and adjacent territory. An occasional leave of absence should be permitted for special study, so that each teacher may keep abreast of the times.

"It is recommended that the larger aspect of education, which might be termed 'socialization,' should be left to the department of psychiatry and the social-service staff attached thereto.

"All of these diverse activities, of course, will have to be correlated within the institution by the warden and through the Albany office by the commissioner and deputy commissioner of correction."

The Significance of Mental Age in Occupational Adjustment

The results of a survey made in 1929 by the Vocational Adjustment Bureau for Girls, of New York City, are summarized by Dr. Emily T. Burr, Director of the Bureau, in an article in the *Psychological Clinic*. The study was made with the financial assistance of the New York Foundation.

"The idea was to ascertain the minimum mental-age level required in each occupation. This study occupied many months and involved the job analyses of forty-one different forms of occupation. Some two thousand and forty-nine jobs were studied. It was found that in nineteen of these occupations girls measuring as low as six years mentally possessed adequate ability to secure and retain employment. It was ascertained that the occupations of assembling, packing, miscellaneous light factory jobs of various sorts, examining, pasting, cutting, folding, hand-sewing, press-machine operating, garment-machine operating, and stock work could employ usefully girls measuring less than twelve years mentally.

"Girls with a mental age of six years can acquit themselves satisfactorily in packing and in simple factory work. At a mental age of seven, they can hold their own in the assembling of parts, as errand girls, and in jobs examining and pasting.

"Girls of the minimum age of eight years were found employed in garment-machine operating, cutting, and folding. At the nine-year mental level, girls were working at hand-sewing, press operating, simple numerical or alphabetical filing, and stock work. The mental age of ten is the minimum clerical level, while an eleven-year mental age seems to be the minimum for success in selling.

"It is assumed, in working out these conclusions, that the task to be performed by these girls is not complicated by disturbing factors such as excessive noise, too rapid tempo of machinery, or irritability on the part of foremen or shop manager. It is also essential that in the application of the suggestions made in this survey, the counselor should not rely wholly upon the results of the mental tests, but take into account the total situation surrounding each individual child. It is important that a battery of tests be given to discover special aptitudes. Some idea of his probable mental level is always, however, a prerequisite to the satisfactory placement of a feebleminded individual."

A Survey of Hospitals for Mental and Nervous Patients in the United States

Acting on a resolution adopted by the House of Delegates in June, 1930, the Board of Trustees of the American Medical Association instructed the Council on Medical Education and Hospitals to extend its study of general hospitals, which has been carried on for fifteen years, to include hospitals for mental illness. The council, realizing that this study requires some specialized knowledge, invited the advice and assistance of a committee on mental health, which also had been appointed by the board of trustees in response to another resolution of the House of Delegates adopted at the same time.

This committee—composed of Dr. H. Douglas Singer, Chicago, Chairman; Dr. F. G. Ebaugh, Denver; Dr. E. J. Emerick, Columbus, Ohio; Dr. J. Allen Jackson, Danville, Pennsylvania; and Dr. W. L. Treadway, Washington, D. C.—after consultation with a group of psychiatrists attending the annual meeting on medical education conducted by the Council on Medical Education and Hospitals, in February, 1931, advised that a fact-finding survey be made by questionnaire of all listed private and governmental institutions for the treatment of patients with mental illness.

The questionnaire, after approval by the committee, was sent to 561 institutions in October, 1931. With the approval of the chairman of the advising committee, personal visits were also made to such of these institutions as happened to be located within the districts under survey at the time by the regular visitors employed by the council to visit general hospitals. These brief visits were made primarily to establish personal relations between the council and the officers in charge of the institutions, and secondarily to afford an opportunity for a bird's-eye view of the facilities provided in each institution for hospital service. These visitors are physicians who have been trained in the inspection of hospitals, particularly as regards their suitability for the training of internes and residents.

A report of the work done and the amount of material collected in these ways was presented by Dr. Grimes at the meeting on medical education in Chicago on February 16, 1932, and was printed in the *Journal of the American Medical Association*, March 5, 1932. This report showed that the returns at that time were already 75 per cent complete.

On the recommendation of the advising committee, and with the assent of the council, the Board of Trustees of the American Medical Association has appropriated a sum of money to be used to pay for the services of a competent psychiatrist to study the returns to the questionnaire and to summarize the results of all previous surveys that have been made of hospitals for mentally ill patients, so that

these may be made available for the use of the council in planning the next steps to be taken in the study. The council has requested the committee to nominate a psychiatrist to fill this position.

The council also adopted a resolution that "in accord with the ideas expressed in the third recommendation of the committee, the council desires that the committee assume greater responsibility for and closer supervision of the council's study, to the end that there may be the closest possible coöperation between these two bodies."

As is stated in the report by Dr. Grimes to which reference has been made, there is no thought, on the part of either the council or the committee, of grading institutions under study from the information secured by the questionnaire and personal visits. These steps have been undertaken solely as a means of securing data on the basis of which more definite plans can be prepared looking to the improvement of the service rendered by the hospitals, and to afford a national backing to hospital managers in their efforts to accomplish this end. At the same time it is hoped that standards may be evolved that will enable the council to provide for the recognition of hospitals as suitable for the training of internes and residents.

CURRENT BIBLIOGRAPHY *

Compiled by

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The National Committee for Mental Hygiene

Akers, Helen Rogers. Kissing our boys. Child welfare, 26:260–62, 312, January 1932.

Aldrich, Cecelia G. Experimental studies of idiot behavior. Training school bulletin, 28:151–59, December 1931.

Alexander, Franz, M.D. Psychoanalysis and medicine. Mental hygiene, 16:63–84, January 1932.

Allendy, René. The mechanism of autopunishment. Psychoanalytic review, 19:72–76, January 1932.

Anderson, John E., Ph.D. and Cohen, Joseph T., D.D.S. Dentition and mental development. Mouth health quarterly, 1:13–17, January 1932.

Bahr, Max A., M.D. Mending crippled minds with modern therapeutic aids. Modern hospital, 37:52–56, December 1931.

Barbé, Buvat, J. B., and Villey-Desmeserets. Psychose périodique et stupidité. Annales médico-psychologique (Paris), 90:17–21, January 1932.

Baskett, George T., M.D. The church, the minister and the program of mental hygiene. Mental health bulletin (Danville State Hospital, Danville, Pennsylvania), 9:18–22, January 15, 1932.

Bigelow, Gertrude S. How the visiting teacher may help the classroom teacher. Understanding the child (Massachusetts society for mental hygiene), 2:9–10, 25, January 1932.

Blatz, W. E., M.B., Ph.D. Family adjustments. Mental health (Canadian national committee for mental hygiene, Toronto), 7:3–4, January 1932.

Boehm, Felix. The history of the Œdipus complex. International journal of psycho-analysis (London), 12: 431–51, October 1931.

Bower, Irene, R.N. Mental hygiene in a public-health nursing agency. Ohio nurses review, 7:3–7, January 1932.

Boyle, A. Helen, M.D. The prevention and treatment of nervous breakdown. Mental hygiene (National council for mental hygiene, London), 9–14, December 1931.

Brosnan, Lorenz J. Insanity—liability of physicians making examination. New York State journal of medicine, 32:90–92, January 15, 1932.

Brown, A. R. Child welfare main concern of Saskatchewan curriculum. Mental health (Canadian national committee for mental hygiene, Toronto), 7:1, 5–6, January 1932.

Brown, Frederick W. Viewpoints on stuttering. American journal of orthopsychiatry, 2:1–24, January 1932.

Brown, Sanger II, M.D. Future public education in mental hygiene. Psychiatric quarterly, 6:156–63, January 1932. Also in American journal of psychiatry, 11:795–806, January 1932.

Burnham, William H., Ph.D. Mental hygiene in the school. Mental hygiene, 16:26–36, January 1932.

Chambers, W. D., M.D. and Harrowes, W. McC., M.D. A case of hysterical fugue. Lancet (London), 222:22–23, January 2, 1932.

Cheney, Clarence O., M.D. Review of the work of the psychiatric institute and hospital during the past year. Psychiatric quarterly, 6:7–18, January 1932.

Clark, L. Pierce, M.D. Can child analysis prevent neuroses and psychoses in later life? Psychoanalytic review, 19:46–55, January 1932.

Clarke, Eric Kent, M.D. The rôle of the psychiatric department in relation to the pediatric department in a general hospital. American journal of psychiatry, 11:559–66, November 1931.

* This bibliography is uncritical and does not include articles of a technical or clinical nature.

Coghill, Harvie DeJ., M.D. Outline of a practical child guidance clinic. Virginia medical monthly, 58:660–63, January 1932.

Coleman, Stanley M. The pre-psychotic schizoid: a character study. Journal of mental science (London), 77:804–18, October 1931.

Cousson, Corentin. The nursing brotherhood of St. John of God and the care of the mentally diseased. International nursing review (Geneva), 6:301–21, July 1931 (continued).

Cowen, Philip A. The social adjustment of the special-class child. Journal of educational sociology, 5: 152–58, November 1931.

Cowles, A. G., M.D. Emotional and psychic factors in genito-urinary diseases. Texas State journal of medicine, 27:731–32, February 1932.

Crichton-Miller, Hugh, M.D. The home background of the pupil. Mental hygiene, 16:23–25, January 1932.

Crothers, Bronson, M.D. The pediatrician's relation to psychiatry and to education. Southern medical journal, 25:47–49, January 1932.

Crutchfield, E. D., M.D. Emotional and psychic factors in skin disease. Texas State journal of medicine, 27: 707–8, February 1932.

Culbert, Jane F. Mary S. Marot. A pioneer visiting teacher. Understanding the child (Massachusetts society for mental hygiene), 2:13–15, January 1932.

Cutter, J. B., M.D. The adolescent child —family guidance. Better health, 12:229–32, October 1931.

Daily, Ray K., M.D. Emotional and psychic factors in ophthalmology and laryngology. Texas State journal of mediciene, 27:741–42, February 1932.

Davies, Stanley P. What grown-ups cry for. Has an eager public been oversold on mental hygiene? Survey, 67:253–54, 280–81, December 1, 1931.

Davison, May. Care of the mentally ill. Canadian nurse (Winnipeg), 28: 69–71, February 1932.

Deming, Julia, M.D. Problems presented by children of parents forced to marry. American journal of orthopsychiatry, 2:70–82, January 1932.

Dhunjibhoy, J. E., M.B. Sulphur injections in the psychoses. Lancet (London), 221:1407–8, December 26, 1931.

Diamond, Joseph S. Gastrointestinal neuroses and their management. Medical journal and record, 134; 476–81, November 18, 1931.

Doolittle, Glenn J., M.D. The epileptic personality—its progressive changes among institutional cases. Psychiatric quarterly, 6:89–96, January 1932.

Downey, M. H., M.B. Mental disorders, and mental nursing. Australian nurses' journal (Sydney), 29:238–43, December 15, 1931.

Drewry, William F., M.D. Present activities for the prevention of mental disorders in Virginia. Virginia medical monthly, 58:653–56, January 1932.

Dry, Walter R. and Cooper, Elizabeth C. The psychological study of blind children. Psychological clinic, 20: 184–91, November 1931.

Durling, Dorothy. Intelligence tests: an analysis of their value to the mental health clinic. Mental health bulletin (Danville State Hospital, Danville, Pennsylvania), 9:7–17, January 15, 1932.

East, W. Norwood. Alcohol and mental defect. British medical journal (London), 113–15, January 16, 1932.

Ebaugh, Franklin G., and Jefferson, Roland A. Liaison teaching of psychiatry in law schools. Journal of criminal law and criminology, 22: 724–33, January 1932.

Eliot, Thomas D. Why family harmony? Mental hygiene, 16:85–100, January 1932.

Ellis, William J. Physically and mentally handicapped children: a program for their adjustment. Journal of educational sociology, 5:368–73, February 1932.

Fagley, R. C. The value of occupational therapy in treatment of mental cases. Occupational therapy and rehabilitation, 10:291–98, October 1931.

Fairfield, Letitia, M.D. Crime and punishment. Mental hygiene (National council for mental hygiene, London), 17–20, December 1931.

Fairfield, Letitia. The difficult child and his family relationships. Maternity and child welfare (London), 16: 29–30, February 1932.

Feldman, I. Sex education. Mental hygiene (National council for mental hygiene, London), 14–16, December 1931.

Fellows, Ralph M., M.D. The treatment of stealing in children. Journal of the Kansas medical society, 33:6–8, January 1932.

Fenichel, Otto. Specific forms of the Œdipus complex. International jour-

nal of psycho-analysis (London), 12:412–30, October 1931.

Ferenczi, S. Child-analysis in the analysis of adults. International journal of psycho-analysis (London), 12:468–82, October 1931.

Fisher, Mildred. The cumulative record as a factor in guidance. Journal of educational sociology, 5:344–58, February 1932.

Flügel, Ingeborg. Some psychological aspects of a fox-hunting rite. International journal of psycho-analysis (London), 12:483–91, October 1931.

Forel, O.-L. Les toxicomanies. Annales Médico-psychologique (Paris), 89:362–96, November 1931.

Foster, Violet H., and Wilcox, Edna B. From a report card to a character training program. Childhood education, 8:306–12, February 1932.

Fox, Elizabeth G., R.N. Nurse plus psychiatric social worker. Survey, 67:307–8, December 15, 1931.

Fry, Frank R., M.D. The manic-depressives. Journal of the Missouri State medical association, 29:74–75, February 1932.

Galdston, Iago. The relation of physical and mental health. Journal of educational sociology, 5:207–14, December 1931.

Gardner, George E., M.D. Night terrors. Parents' magazine, 7:21, 63–66, March 1932.

Garvin, William C., M.D. How a mental hospital disseminates mental-hygiene knowledge. Modern hospital, 38:89–92, January 1932.

Gerty, Francis J., M.D. What is dementia praecox? A radio talk. Mental health bulletin (Illinois society for mental hygiene), 10:1–3, December 1931.

Gillespie, R. D., M.D. Mental hygiene as a national problem. Mental hygiene (National council for mental hygiene, London), 1–9, December 1931.

Gillespie, R. D., M.D. Occupation and neurosis. British medical journal (London), 132–36, January 23, 1932.

Glover, Edward. Principles of psychiatric classification. Lancet (London), 222:348–49, February 13, 1932.

Glover, Edward. The therapeutic effect of inexact interpretation: a contribution to the theory of suggestion. International journal of psycho-analysis (London), 12:397–411, October 1931.

Glueck, Sheldon. Mental hygiene and crime. Psycho-analytic review, 19: 23–35, January 1932.

Goudge, Mabel Ensworth. Abnormal psychology in general medical practice. Journal of abnormal and social psychology, 26:333–37, October–December 1931.

Griffin, Daniel P., M.D. The integration of the mental hygiene clinic in the community. Mental hygiene news (Connecticut society for mental hygiene), 10:1–2, November 1931.

Groddeck, Georg. The relation of massage to psychotherapy. British journal of medical psychology (London), 11:228–33, November 24, 1931.

Gruenberg, Benjamin C., and Gruenberg, Sidonie Matsner. All children differ. Parents' magazine, 7:14–16, 42–43, January 1932.

Gruhle, Hans W. The tasks of criminal psychology. Journal of criminal law and criminology, 22:506–16, November 1931.

Hale, Elizabeth. The visiting teacher in Massachusetts. Understanding the child (Massachusetts society for mental hygiene), 2:7–8, January 1932.

Hart, Bernard, M.D. Psychology and psychiatry. Proceedings of the Royal society of medicine, section of psychiatry (London), 25:187–200, December 1931.

Hendry, Alex W., M.D. Some comments on the conscious mind. Lancet (London), 222:378, February 13, 1932.

Hincks, Clarence M., M.D. Newer trends in mental hygiene. Mental health bulletin (Illinois society for mental hygiene), 10:1–3, February 1932.

Holbrook, C. S., M.D. Juvenile delinquency and the child guidance clinic. Southern medical journal, 25:50–52, January 1932.

Hollingworth, H. L. The illusion as a neurosis. Journal of abnormal and social psychology, 26:270–82, October–December 1931.

Houston, W. R., M.D. Psychotherapeutics in general practice. Southern medical journal, 25:182–87, February 1932.

Insanities associated with child-bearing. British medical journal (London), 1087–88, December 12, 1931.

Intelligence and disease. A survey of Glasgow children. British medical journal, 206–7, January 30, 1932.

Johnson, Eleanor Hope, PhD. Mental hygiene and the cure of souls. Mental hygiene bulletin (National committee for mental hygiene), 10:6–7, January 1932.

Johnston, Katherine L. A teacher's psychological difficulties. I. New era (London), 12:379–81, November 1931.

Karpman, Ben., M.D. Anxiety neuroses. Archives of neurology and psychiatry, 26:1257–99, December 1931.

Kegel, Arnold H., M.D. Shall mental disease come under public health regulations? Illinois medical journal, 60:486–87, December 1931.

Kidner, T. B. The planning of psychiatric hospitals. Mental health (Canadian National committee for mental hygiene, Toronto), 6:75–76, December 1931.

Kimbell, Isham, M.D. The practice of neuro-psychiatry in general hospitals. New Orleans medical and surgical journal, 84:525–31, January 1932.

Kingman, Robert, M.D. So this is stammering. Medical times and Long Island medical journal, 60:15–16, January 1932.

Langenstrass, Karl H., M.D. Treatment of stupor. American journal of psychiatry, 11:447–55, November 1931.

Le Bourdais, D. M. The aim of mental hygiene — a radio talk. Mental health (Canadian National committee for mental hygiene, Toronto), 6:77–78, December 1931.

Lewis, Aubrey. Experience of time in mental disorders. Lancet (London), 221:1353–55, December 19, 1931.

London, L. S., M.D. The meaning of the dream. Journal of nervous and mental disease, 75:40–47, January 1932.

London, L. S. Obsessional neurosis and schizophrenia. With the report of a case. British journal of medical psychology (London), 11:251–64, November 24, 1931.

Lord, Marjorie. The new education. Mental health (Canadian National committee for mental hygiene), 6: 67–68, November 1931.

Loveland, Frank Jr. The place of science in the treatment of criminals and in the prevention of crime. New England journal of medicine, 205: 1190–95, December 17, 1931.

Lowenfeld, Margaret F. A new approach to the problem of psychoneurosis in childhood. British journal of medical psychology (London), 11:194–227, November 24, 1931.

Lurie, Louis A., M.D., Schlan, Leah, and Freiberg, Margaret. A critical analysis of the progress of fifty-five feeble-minded children over a period of eight years. Two surveys. American journal of orthopsychiatry, 2:58–69, January 1932.

Lynch, O. R., M.D. Behavioristic trends in children. Indiana bulletin of charities and correction, 585–91, November 1931.

McConnell, James W., M.D. Mental health. Monthly bulletin (Department of public health, Philadelphia), 7–11, December 1931.

MacEachran, John Malcolm, Ph.D. A philosopher looks at mental hygiene. Mental hygiene, 16:101–19, January 1932.

Malamud, William, M.D., and Miller, Wilbur R., M.D. Psychotherapy in the schizophrenias. American journal of psychiatry, 11:457–80, November 1931.

Malzberg, Benjamin. The prevalence of epilepsy in the United States, with special reference to children and adolescents. Psychiatric quarterly, 6:97–106, January 1932.

Markey, O. B., M.D. Psychiatry in the children's institution. American journal of orthopsychiatry, 2:25–34, January 1932.

Matz, Philip B., M.D., and Willhite, O. C., M.D. A study of manic-depressive psychosis in ex-service men. Medical bulletin of the Veteran's Administration, 8:1–19, January 1932.

May, James V., M.D. The dementia praecox - schizophrenia problem. American journal of psychiatry, 11: 401–46, November 1931. Psychiatric quarterly, 6:40–88, January 1932.

The mental deficiency problem. Lancet (London), 221:1369–70, December 19, 1931.

Mental disorder in Scotland. Lancet (London), 222:204, January 23, 1932.

Mental growth in the pre-school period. Mental health (Mental hygiene institute, Montreal, Canada), 2:1–4, January 1932.

Mental hygiene a modern need. Mental hygiene bulletin (National committee for mental hygiene), 9:1, 4–5, December 1931.

Mental hygiene today. Mental hygiene news (Connecticut society for mental hygiene), 11:1–3, January 1932.

Menzies, F. N. Kay. Causes assigned for mental deficiency. Medical officer (London), 46:222–23, November 21, 1931.

Menzies, E. C., M.D. Mental troubles of the fifth and sixth decades. Canadian medical association journal (Montreal), 26:59–62, January 1932.

Miller, E., M.A. Child guidance and juvenile delinquency. Mental welfare (London), 13:1–6, January 15, 1932.

Miller, Joseph. The retarded child and the special class. Educational method, 11:266–70, February 1932.

Mitchell, Harriet, R.N. The place of parent education in the programme of the mental hygiene institute. Canadian public health journal (Toronto), 22:579–83, November 1931.

Money-Kyrle, R. The remote consequences of psycho-analysis on individual, social and instinctive behavior. British journal of medical psychology (London), 11:173–93, November 24, 1931.

Mullin, Bernadette A. Psychiatric nursing. Johns Hopkins nurses alumnae magazine, 30:222–27, November 1931.

Muncie, Wendell, M.D. The psycholeptic attack in the psychoses. Archives of neurology and psychiatry, 27:352–66, February 1932.

Myers, Glenn, M.D. What's a good time in terms of personality needs? Hospital social service, 24:486–98, December 1931.

Nudd, Howard W., M.A. The history of the visiting teacher movement. Understanding the child (Massachusetts society for mental hygiene). 2: 3–4, January 1932.

Overholser, M. P., M.D. The problem of state care of the mentally sick. Journal of the Missouri state medical association, 29:69–74, February 1932.

Overholser, Winfred, M.D. Providing the court with a psychiatric clinic. Probation (National probation association), 10:1–3, 7, January 1932.

Patry, Frederick L., M.D. The relationship of the psychiatrist to the school physician. Psychiatric quarterly, 6:107–120, January 1932.

Patten, Clarence A., M.D. Behavior problems among children. Monthly bulletin (Department of public health, Philadelphia), 11–15, December 1931.

Patterson, W. L., M.D. Occupational therapy in a state hospital for the insane. Occupational therapy and rehabilitation, 10:281–90, October 1931.

Pollock, Horatio M., M.D. Recurrence of attacks in manic-depressive psychoses. American journal of psychiatry, 11:567–74, November 1931.

Polozker, I. L., M.D. Report of a case of a patient who considers himself a hermaphrodite. Journal of nervous and mental disease, 75:1–21, January 1932.

Potter, Howard W., M.D. The organization of clinical work in an institution for mental defectives. Psychiatric quarterly, 6:19–29, January 1932.

Potter, Howard W., M.D. Thirty years of psychiatry. Mental hygiene, 16: 4–22, January 1932.

Pratt, George K., M.D. Doctors of matrimony. Survey, 67:359–60, 399–400, January 1932.

Rademacher, E. S., M.D. Commonplace errors in everyday discipline. Mental hygiene news (Connecticut society for mental hygiene), 10:1–4, December 1931.

Rademacher, E. S. "Why can't you be more like Johnny Groves?" Hygeia, 10:33–34, January 1932.

Read, Charles F., B.S., M.D. Facilities for treatment of mental disease and cost of same. Illinois medical journal, 60:480–83, December 1931.

Read, C. Stanford, M.D. Out-patient psychiatry. Lancet (London), 221: 1438–41, December 26, 1931.

Read, Katherine H. If we don't spank—what? Child welfare, 26: 270–73, January 1932.

Reich, Wilhelm. The characterological mastery of the Œdipus complex. International journal of psychoanalysis (London), 12:452–67, October 1931.

Richards, Esther Loring. Establishing good habits. Parents' magazine, 7: 11, 44, February 1932.

Robinson, Bruce B. The department of child guidance of the Newark public schools. Journal of educational sociology, 5:359–67, February 1932.

Rogers, James Frederick, M.D. School sickness. School life, 17:45, 58, November 1931.

Rowe, Allan Winter, Ph.D. Possible physical factors in the behavior problems of the young. New England journal of medicine, 206:137–39, January 21, 1932.

Rudolf, G. de M. Experimental treatments of schizophrenia. Journal of mental science (London), 77:767–91, October 1931.

Russell, William L., M.D. Is it to the advantage of the mental hospital to maintain a school of nursing? Mental hygiene, 16:56–62, January 1932.

Sandy, William C., M.D. The mental defective and his needs. Pennsyl-

vania medical journal, 35:295–97, February 1932.

Sandy, William C., M.D. The training of a superintendent. Mental health bulletin (Danville State Hospital, Danville, Pennsylvania), 9:3–5, January 15, 1932.

Schroeder, Theodore. A "living God" incarnate. Psychoanalytic review, 19:36–45, January 1932.

Schumacher, Henry C., M.D. Mental hygiene and the nurse. Ohio nurses review, 6:6–11, October 1931.

Scott, G. Waugh, M.D. On mental hygiene in the tropics. Malayan medical journal (Singapore), 6:88–92, September 1931.

Sherman, Mandel, M.D., Ph.D. Character in the making. Parents' magazine, 7:11, 51, January 1932,

Shipley, Maynard. Which child will be brightest? Birth control review, 15:350–51, December 1931.

Solomon, Meyer, M.D. Modern psychiatry and criminology. Illinois medical journal, 60:429–35, November 1931.

Solomons, Bethel, M.D. Insanity and its relation to the partrurient state. Journal of mental science (London), 77:701–7, October 1931.

Spaulding, H. B., Ph.D.. Depression adds to problem of mental patients' care. Mental health (Canadian National committee for mental hygiene), 6:65, 68, 70, November 1931.

Sperber, Irving J., D.D.S. Coördinated and standardized dentistry for state hospitals. Psychiatric quarterly, 6: 30–39, January 1932.

Stephens, Harold Freize. The treatment of persistent offenders. Lancet (London), 222:324–26, February 6, 1932.

Stevenson, George S., M.D. On being a patient. Mental hygiene, 16:37–55, January 1932.

Stevenson, George S., M.D. The social workers function in the community clinics. Psychiatric quarterly, 6:147-53, January 1932.

Stevenson, George S., M.D. A suggested community mental hygiene program. American journal of public health and the Nation's health, 21: 1301–7, December 1931.

Stewart, J. S., M.D. The school and its responsibility to the maladjusted child. Mental health (Canadian National committee for mental hygiene), 6:69–70, November 1931.

Stragnell, Gregory, M.D. Orienting the psychic patient. Clinical medicine and surgery, 38:883–86, December 1931.

Sullivan, Harry Stack, M.D. The modified psychoanalytic treatment of schizophrenia. American journal of psychiatry, 11:519–40, November 1931.

Toulouse, E., Courtois A., and Dufet. Séquelles mentales des encéphalites psychosiques aigues. Annales médico-psychologiques, (Paris), 90:1–16, January 1932.

Tredgold, A. F., M.D. Some observations on mental development. Mother and child (London), 2:329–32, 362–65, December 1931, January 1932.

Tredgold, A. F., M.D. Sterilization of the unfit. Light, 36–40, January-February 1932.

Truitt, Ralph P., M.D. The mental hygiene movement. Virginia medical monthly, 58:641–47, January 1932.

Truitt, Ralph P., M.D. Out-patient psychiatry. Southern medical journal, 24:1076–80, December 1931.

Tucker, Beverley R., M.D. A suggested program of mental hygiene for Virginia. Virginia medical monthly, 58:656–58, January 1932.

Vessie, P. R., M.D. The individual factor in manic reactions. Journal of nervous and mental disease, 75: 113–36, February 1932.

Walker, Wilma, M.A. The visiting teacher in America today. Understanding the child (Massachusetts society for mental hygiene), 2:5–6, 17, January 1932.

Warner, M. La Vinia, Ph.D. Meeting the problem of special children. Journal of abnormal and social psychology, 26:405–8, January–March 1932.

Weiskotten, H. G. What can a community do when it is not yet ready to establish a mental hygiene clinic? American journal of public health and the Nation's health, 22:44–48, January 1932.

Wile, Ira S., M.D. The relation of left-handedness to behavior disorders. American journal of orthopsychiatry, 2:44–57, January 1932.

Williams, Frankwood E., M.D. Those crazy Russians: A mental-hygiene hunting trip in the U. S. S. R. Survey, 67:341–45, January 1, 1932.

Wilson, Charles C. The development of mental hygiene through community resources. Indiana bulletin of charities and correction, 17–22, January 1932.

Wilson, David C., M.D. Mental hy-

giene survey of the state of Virginia. Virginia medical monthly, 58:648–53, January 1932.

Wolfe, W. Béran. The father in the family. What should be expected of him in child training. Hygeia, 10:38–42, January 1932.

Wolfe, W. Béran, M.D. The jargon of psychology. Forum, 87:81–85, February 1932.

Woodson, Carter G. A health venture with negro management. Southern Workman, 60:518–24, December 1931.

Yourman, Julius. Children identified by their teachers as problems. Journal of educational sociology, 5: 334–43, February 1932.

Zachry, Caroline B. Mental hygiene of the classroom teacher. Journal of the National education association 21:63–64, February 1932.

Zachry, Caroline B. Personality development in the classroom. Journal of the National education association, 20:291–92, November 1931.

Zachry, Caroline B. Social adjustment and sex education. Journal of the National education association, 21: 5–6, January 1932.

Zilboorg, Gregory, M.D. Sidelights on parent-child antagonism. American journal of orthopsychiatry, 2:35–43, January 1932.

Zorbaugh, Harvey W. Mental hygiene's challenge to education. Journal of educational sociology, 5:325–33, February 1932.